

FILED SEP 28 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30853

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 981

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Washington Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Washington Twp.</u>	
c. LENGTH OF STAY (in this place) <u>55 years</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. #7</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. R. #7</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u>	b. (Middle)	c. (Last) <u>Brown</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>September 11, 1952</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>October 24, 1880</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>shipping clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>dairy</u>	11. BIRTHPLACE (State or foreign country) <u>Easton, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Saraphina Noland</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle May Brown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>491-09-5712</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrtle Brown, R. R. #7, St. Joseph, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prostatic Cancer, (Primary) (with metastasis)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 16, 1952, to Sept 12, 1952, that I last saw the deceased alive on Aug 29, 1952, and that death occurred at 12:15 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>785 Bldg. - City</u>	23c. DATE SIGNED <u>9-12-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/13/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blakely Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Buchanan County Missouri</u>
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DATE REC'D BY LEGAL REG. <u>Sept. 18, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton - Bowman Funeral Home</u>	ADDRESS <u>St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0110

*On file in*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Greg W Carter* \_\_\_\_\_

Licensed Embalmer No. *4814* \_\_\_\_\_

P. O. Address *St Joseph* \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.