S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34217

State File No. .....

FILED NOV 10 1952

BIRTH NO. ..... REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1145

0117 3

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): most of life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. St.Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 1118 So. 9th St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Sessford
c. (Last): Browne

4. DATE OF DEATH (Month) (Day) (Year): November 1, 1952

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 1, 1905
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): manager
10b. KIND OF BUSINESS OR INDUSTRY: car rental
11. BIRTHPLACE (State or foreign country): Wathena, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jame Lew Browne
13b. MOTHER'S MAIDEN NAME: Tilbi Ernst
14. NAME OF HUSBAND OR WIFE: Thelma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: unk.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Thelma Browne, 1118 S. 9th, St.Joseph, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension Arterial — 1 yr.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertensive Heart Disease — 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-1-, 1951, *to* 11-1-52, 19___, *that I last saw the deceased alive on* 10-18-52, 19___, *and that death occurred at* 2:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R C Senne MD
23b. ADDRESS: 207 P&S St Joseph Mo
23c. DATE SIGNED: 11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11/3/1952
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph Missouri

DATE REC'D BY LOCAL REG.: Nov. 6, 1952
REGISTRAR'S SIGNATURE: Carl C. Cas[illegible] 446
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Heaton-Bowman Funeral Home St Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 W. E. Schumacher

Licensed Embalmer No. 4791

P. O. Address 314 S. 10th St. Joseph, Mo.

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.