

STANDARD CERTIFICATE OF DEATH

1766

State File No.

FILED FEB 13 1953

REG. DIST. NO. 150

PRIMARY REG. DIST. NO. 4240

Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Springs	
c. LENGTH OF STAY (In this place) 2yrs		d. STREET ADDRESS (If rural, give location) Town	
d. FULL NAME OF (If not in hospital of institution, give street address or location) HOSPITAL OR INSTITUTION Town			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Stone c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) Jan 30 1953			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 18 1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tarsney Mo		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Calvin Brown		13b. MOTHER'S MAIDEN NAME Dorcas Perdue		14. NAME OF HUSBAND OR WIFE Hattie Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Hattie Brown	
				ADDRESS Blue Springs 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterial thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterial sclerotic vascular DUE TO (c) Disease		
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"/>
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) 4221
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 25, 1953, to Jan 30, 1953, that I last saw the deceased alive on Jan 30, 1953, and that death occurred at 9:00A m., from the causes and on the date stated above.

23a. SIGNATURE Merrill R. Bay, M.D.	(Degree or title)	23b. ADDRESS Blue Springs Mo	23c. DATE SIGNED 1-30-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 1 1953	24c. NAME OF CEMETERY OR CREMATORY Blue Springs	24d. LOCATION (City, town, or county) (State) Blue Springs Mo

DATE REC'D BY LOCAL REG. 1-31-1953	REGISTRAR'S SIGNATURE D. B. Langford	25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home	ADDRESS Blue Springs MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 12 1968

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.....

working under my personal supervision.

Student Embalmer No.....

Signed R. Blunt

Signed.....
Student Embalmer

Licensed Embalmer No. 2303

P. O. Address Bluesprings Md

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.