

10.300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 7 - 1953

State File No. 5757
810
Registrar's No.

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. | |
| 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 Kansas City | | c. LENGTH OF STAY (in this place) 50 years | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | d. STREET ADDRESS (If rural, give location) 4507 Forest 3639 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4507 Forest | | 3. NAME OF DECEASED a. (First) IRENE | | b. (Middle) BROWN | | c. (Last) BROWN | |
| 4. DATE OF DEATH February 6 1953 | | 5. SEX FEMALE | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married | |
| 8. DATE OF BIRTH May 7 1897 | | 9. AGE (in years last birthday) 55 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | |
| 11. BIRTHPLACE (State or foreign country) Wellsville Kansas | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Unknown ^{SS} Rauselo | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Dick Brown | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dick Brown 4507 Forest X. E. 5th | |
| 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) <u>Food impaction - intestinal obstruction</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) <u>left hemiplegia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 4 da 8 years 5704 | |
| 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) | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | |
| 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 Feb 2, 1953, to Feb 6, 1953, that I last saw the deceased alive on Feb 6, 1953, and that death occurred at 9:15 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE E. L. Petry (Degree or title) | | | | 23b. ADDRESS 300 Argyle Bldg Kansas City Mo | | 23c. DATE SIGNED 2-7-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Feb 10 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery | | 24d. LOCATION (City, town, or county) (State) Wellsville, Kansas | |
| DATE REC'D BY LOCAL REG. 2-7-53 | | REGISTRAR'S SIGNATURE Geraldine Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wilks Funeral Home - 2315 Pinewood | | | |

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

Angela Boff
1-5

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 Chas E Weeks

Signed.....
Student Embalmer

Licensed Embalmer No 2644

P. O. Address Kansas City 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.