

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9737**
1508

ED APR 9 1953

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 1508
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 townshp) Kansas City		c. LENGTH OF STAY (In this place) 46 yrs	c. CITY (If outside corporate limits, write RURAL and give townshp) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3503 Morrell		d. STREET ADDRESS (If rural, give location) 3503 Morrell		
3. NAME OF DECEASED a. (First) Hera		b. (Middle) Jane	c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) March 15 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 10 1882	9. AGE (In years: last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY *****	11. BIRTHPLACE (City and State or Foreign Country) Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Issac Burnett		13b. MOTHER'S MAIDEN NAME Alice Taylor	14. NAME OF HUSBAND OR WIFE Calvin R. Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Calvin R. Brown ADDRESS 3503 Morrell K.C. 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary infarct ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 mo 3 yrs 4201
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)	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 Oct 1, 1952 , to Mar 15, 1953 , that I last saw the deceased alive on Mar 15, 1953 , and that death occurred at 11:20 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE Chas. S. Nelson		(Degree or title) MD	23b. ADDRESS 702 No 3622 1/2 Independence Ave	23c. DATE SIGNED 3-16-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 17-1953	24c. NAME OF CEMETERY OR CREMATORY Green Lawn	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG 3-16-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Mrs C.L. Forster ADDRESS 918 Brooklyn Kas. City, Mo.		

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

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

JOE B. Yoder

Licensed Embalmer No. *4173*

P. O. Address *K.C. 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.