

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9738**
1509

FILED APR 9 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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|--|---------------------------|--|---|
| 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) Kansas City | | c. LENGTH OF STAY (In this place) 52 yrs | c. CITY OR TOWN Kansas City |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital No. 1 | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Irma b. (Middle) MARY c. (Last) Brown | | 4. DATE OF DEATH (Month) (Day) (Year) 3 13 53 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH 10/10/1875 |
| 9. AGE (In years last birthday) 77 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 11. BIRTHPLACE (City and State or Foreign Country) SALEM MO D |
| 10a. USUAL OCCUPATION | | 12. CITIZEN OF WHAT COUNTRY? US | |

| | | |
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| 13a. FATHER'S NAME CORNELIUS PHINEAS | 13b. MOTHER'S MAIDEN NAME ARMENIA HEAD | 14. NAME OF HUSBAND OR WIFE JOHN BROWN D.C. |
| 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. no | 17. INFORMANT'S SIGNATURE OR NAME Wm E. Ethel Grimsley |
| | | ADDRESS K.C. MO |

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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, asthma, 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) Severe fatty infiltration of liver | | |
| ANTECEDENT CAUSES | | DUE TO (b) Pulmonary edema and congestion | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (c) Parenchymatous degeneration heart, liver and kidneys | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m. | 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 March 9, 1953, to March 13, 1953, that I last saw the deceased alive on March 13, 1953, and that death occurred at 1:35 P m., from the causes and on the date stated above.

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| 23a. SIGNATURE B.I. Burns | (Degree or title) W.D. | 23b. ADDRESS 24th & Cherry | 23c. DATE SIGNED 3-13-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 3/17/53 | 24c. NAME OF CEMETERY OR CREMATORY MT WASHINGTON | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MO |
| DATE REC'D BY LOCAL REG 3-16-53 | REGISTRAR'S SIGNATURE Geraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE SHEILS | ADDRESS K.C. MO |

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

A. Dingler

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.....
Signature of Student Embalmer

Signed.....
J. P. Sheil

Licensed Embalmer No. *362*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**