FILED MAY 21 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 17923

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2275

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 3/23
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, Missouri
d. STREET ADDRESS (If rural, give location): Viaduct Hotel 7 1/2 E. 8th.

3. NAME OF DECEASED (Type or Print): a. (First) Tolbert b. (Middle) N. B. c. (Last) Brown
4. DATE OF DEATH (Month) (Day) (Year): April 30, 1953
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: July 3, 1885
9. AGE (In years last birthday): 67 — 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): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Madison County, Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Joe Brown
13b. MOTHER'S MAIDEN NAME: Unknown Crow
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 433123509
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: V.A. Hospital Records, Kansas City, Mo.

**MEDICAL CERTIFICATION**

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Fatty degeneration of the liver — Several years
DUE TO (c) Malnutrition — Several years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 5810

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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* April 25, 19 53, *to* April 30, 19 53, *and that death occurred at* 8:10 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard C. Schaffer, M.D.
23b. ADDRESS: V.A. Hospital, Kansas City, Mo.
23c. DATE SIGNED: 5-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: MAY-1-1953
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): LITTLE ROCK ARKANSAS

DATE REC'D BY LOCAL REG.: 5-1-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: W. H. Newcomer Sons
ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 John B. Lewis

Licensed Embalmer No. 4875

P. O. Address [illegible] MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.