THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35781

State File No.

FILED OCT 28 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4891

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): 44 Yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4040 Garfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Missouri

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 36280

d. STREET ADDRESS (If rural, give location): 4040 Garfield

3. NAME OF DECEASED (Type or Print)

a. (First): Leonard

b. (Middle): Fay

c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): Oct/ 10 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 25 1883

9. AGE (In years last birthday): 69

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): Mail Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (City and State or Foreign Country): Hamberg, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Nathen Brown

13b. MOTHER'S MAIDEN NAME: Sara Burrows

14. NAME OF HUSBAND OR WIFE: Sara Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service): X X X

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: S. Brown 4040 Garfield 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: H200

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION: no

20. AUTOPSY? YES ☐ 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* Sept 1951, 19__, *to* 10/10, 1953, *that I last saw the deceased alive on* 10/8, 1953, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE John T. Skinner — (Degree or title) MD

23b. ADDRESS: K. C. MO

23c. DATE SIGNED: 10/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 13 Oct. 53

24c. NAME OF CEMETERY OR CREMATORY: Floral Hills

24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 10-12-53

REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Floral Hills Memorial Chapels K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. S. Kirner Bryant Bldg.

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 D Ross Blanford

Licensed Embalmer No. 4015

P. O. Address K.C. Mo.

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

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