

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43489**

No. 300  
10. 48

**FILED DEC 28 1953**

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wilmington</u>		c. LENGTH OF STAY (If in this place) <u>2 1/2</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blue Springs</u>		2000
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>Harold</u>	c. (Last) <u>Brown</u>	4. DATE (Month) (Day) (Year) OF DEATH <u>December 19, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>January 11, 1915</u>	9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>employee</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Nelson Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Frey</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. 2</u>		16. SOCIAL SECURITY NO. <u>506-18-0368</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Henry F. Brown, Omaha, Neb.</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory collapse due to hemorrhage in one or more cerebral arteries.</u> ANTECEDENT CAUSES <u>to hemorhage in one or more cerebral arteries.</u> DUE TO (b) <u>trauma</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>The man was injured about 11 P.M. 12-18-53 on No. 24 highway 2 miles west of Wellington, Mo.</u> DUE TO (c) <u>falling from a height.</u> II. OTHER SIGNIFICANT CONDITIONS - <u>This man had alcohol in breath. Degree of intoxication not known.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no surgery</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No. 24 highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wellington Lafayette Co. Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>December 18, 1953 11 P.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Operator car accident</u>			
22. I hereby certify that I attended the deceased from <u>injured body at death 12/19/53</u> , that I last saw the deceased alive on <u>12/19/53</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. Martin</u>			23b. ADDRESS <u>no address</u>		23c. DATE SIGNED <u>12-19-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>December 20, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Omaha, Neb.</u>	
DATE REC'D BY LOCAL REG. <u>12-21-53</u>	REGISTRAR'S SIGNATURE <u>W. Martin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George J. Drumpel</u>	ADDRESS <u>no.</u>	

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

FEB 2 1954

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 Leo M. Kean

Licensed Embalmer No. 2983

P. O. Address Leungton, Mass

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.