

No. 300
10.48

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 8 1954 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 97

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lett's Home For the Aged 716 North 6th St.		d. STREET ADDRESS (If rural, give location) 2818 Jule St.	

3. NAME OF DECEASED a. (First) NELLIE		b. (Middle)		c. (Last) BROWN		4. DATE OF DEATH (Month) (Day) (Year) Jan. 23 1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Unk	
9. AGE (In years last birthday) Abt. 81		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) St. Joseph Missouri	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Patrick Brown		13b. MOTHER'S MAIDEN NAME Margaret Winston		14. NAME OF HUSBAND OR WIFE None	

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. None		17. INFORMANT'S SIGNATURE OR NAME H. F. Thomson		ADDRESS St. Joseph, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 mos.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Ukn.	

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 11-18, 1953, to 1-23-54, that I last saw the deceased alive on 1-22, 1954, and that death occurred at 7:30A m., from the causes and on the date stated above.

23a. SIGNATURE H. F. Thomson M.D. (Degree or title)		23b. ADDRESS 2801 Sacramento St. Joseph, Mo.		23c. DATE SIGNED 1-25-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-25-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
24d. LOCATION (City, town, or county) (State) St. Joseph Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

DATE REC'D BY LOCAL REG. Feb 2, 1954		REGISTRAR'S SIGNATURE Esther M. Allison		24f. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS St. Joseph Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Charles J. Bennett

Licensed Embalmer No. 4673

P. O. Address St. Joseph 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.