

# STANDARD CERTIFICATE OF DEATH

 State File No. 5251

 BIRTH NO. FILED FEB 17 1954 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 18

<b>1. PLACE OF DEATH</b> a. COUNTY <span style="float: right;">JASPER</span> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <span style="float: right;">WEBB CITY</span> c. LENGTH OF STAY (in this place) <span style="float: right;">7MO</span> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <span style="float: right;">410 NORTH LIBERTY</span>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <span style="float: right;">MISSOURI</span> b. COUNTY <span style="float: right;">JASPER</span> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <span style="float: right;">WEBB CITY</span> d. STREET ADDRESS (If rural, give location) <span style="float: right;">410 NORTH LIBERTY</span>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <span style="float: right;">WILLIAM</span> b. (Middle) <span style="float: right;">EDWARD</span> c. (Last) <span style="float: right;">BROWN</span>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) FEBRUARY 7, 1954			
<b>5. SEX</b> MALE	<b>6. COLOR OR RACE</b> WHITE	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> MARRIED	<b>8. DATE OF BIRTH</b> NOVEMBER 10, 1884		
<b>9. AGE</b> (In years last birthday) <span style="float: right;">70</span> IF UNDER 1 YEAR Months <span style="float: right;">2</span> Days <span style="float: right;">27</span> IF UNDER 12 HRS. Hours <span style="float: right;"></span> Min. <span style="float: right;"></span>		<b>11. BIRTHPLACE</b> (State or foreign country) <span style="float: right;">BALTIMORE, INDIANA</span> <b>12. CITIZEN OF WHAT COUNTRY?</b> <span style="float: right;">U.S.A.</span>			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) SHOE REPAIRMAN RETIRED		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> SHOES			
<b>13a. FATHER'S NAME</b> WILLIAM T. BROWN		<b>13b. MOTHER'S MAIDEN NAME</b> SARAH E. SHELTON			
<b>14. NAME OF HUSBAND OR WIFE</b> ETTA WISBY BROWN		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN			
<b>16. SOCIAL SECURITY NO.</b> 440-12-7517 A		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS ETTA WISBY BROWN WEBB CITY, MO.			
<b>MEDICAL CERTIFICATION</b>					
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crown Aneurysm</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <span style="font-size: 1.5em;">4201</span>			
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)			
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>					
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
<b>21f. HOW DID INJURY OCCUR?</b>					
<b>22. I hereby certify that I attended the deceased from <u>2-7, 1954</u>, to <u>2-7, 1954</u> that I last saw the deceased alive on <u>2-7, 1954</u> and that death occurred at <u>5:30 P.M.</u>, from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> (Degree or title) P. B. Munson		<b>23b. ADDRESS</b> O. O. Webb City, Mo.			
<b>23c. DATE SIGNED</b> 2-8-54					
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b>		<b>24b. DATE</b> FEB. 9, 1954			
<b>24c. NAME OF CEMETERY OR CREMATORY</b> ELMWOOD CEMETERY		<b>24d. LOCATION</b> (City, town, or county) (State) CWANUTE, KANSAS			
<b>DATE REC'D BY LOCAL REG.</b> 2-8-54		<b>REGISTRAR'S SIGNATURE</b> Mrs. Madeline Switzer			
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> HEDGE LEWIS FUNERAL HOME		<b>ADDRESS</b> WEBB CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 16 1954

Jasper County Health Office

County File Number 54-2-118

Date Filed FEB 16 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 Richard Gray Lewis

Licensed Embalmer No. 74403

P. O. Address Webb City, 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.