

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9029**  
Registrar's No. **104**

BIRTH FILED **MAR 24 1954** REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Independence</b> township) c. LENGTH OF STAY (in this place) <b>32 yrs</b>		c. CITY OR TOWN <b>Independence</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>527 S. Pleasant</b>		e. STREET ADDRESS (If rural, give location) <b>527 S. Pleasant 7005</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARTHA</b> b. (Middle) <b>Ellen</b> c. (Last) <b>Brower</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 14 -54</b>			
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>18 Aug -1876</b>	9. AGE (In years last birthday) <b>77</b>	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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At-Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Dade County MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>Thomas Long</b>	13b. MOTHER'S MAIDEN NAME <b>Lucinda Goodnight</b>	14. NAME OF HUSBAND OR WIFE <b>Peter K. Brower</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Peter K Brower</b> ADDRESS <b>Independ. Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		<b>2 1/2 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary artery disease</b> DUE TO (c) <b>Arterio sclerosis + Hypertension</b>		<b>2 1/2 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Cardiac Decompensation &amp; pulmonary edema</b>		<b>years</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Sept 10 50**, to **3/14/1954**, 19\_\_\_, that I last saw the deceased alive on **3/5/54**, 19\_\_\_, and that death occurred at **9:00 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. J. GANDMS</b> (Degree or title)	23b. ADDRESS <b>Independence Mo.</b>	23c. DATE SIGNED <b>3/15/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>16-Mar-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Independence MO.</b>
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DATE REC'D BY LOCAL REG. <b>3-16-54</b>	REGISTRAR'S SIGNATURE <b>R. J. Gandms</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Off + Mitchell</b> ADDRESS <b>Indep Mo</b>
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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.....  
Signature of Student Embalmer

Signed..... Jason T. White

Licensed Embalmer No. 492

P. O. Address. Indef.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.