

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18818**
Registrar's No. **2686**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO		b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY OR TOWN NORTH KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 1 wk.		e. STREET ADDRESS (If rural, give location) 2106 FAYETTE		600/	
d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN					

3. NAME OF DECEASED (Type or Print) a. (First) Ralph		b. (Middle) Ambrose		c. (Last) BROWN		4. DATE OF DEATH (Month) (Day) (Year) June 13 1954	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1		8. DATE OF BIRTH NOV. 26, 1890		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAR FOREMAN C & O RAIL ROAD		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) BEARDSTOWN, ILL.		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Charles T. Brown		13b. MOTHER'S MAIDEN NAME Effie MacLin		14. NAME OF HUSBAND OR WIFE Armeda Brown	
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. 707-05-8181		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph V. Brown 2106 FAYETTE	

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 EMERGENCY	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of Posterior Wall of Left Ventricle		ANTECEDENT CAUSES		DUE TO (b) Infarct of Myocardium due to Coronary Artery Thrombosis.		DUE TO (c) Hypertensive Card. Disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						1 WK.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION W.A. DISSECT.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **1 May 1954** to **13 June 1954**, that I last saw the deceased alive on **12 June 1954**, and that death occurred at **5:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Edu. H. Fischer (Degree or title)		23b. ADDRESS 306 E. 21st N.K.C. Mo		23c. DATE SIGNED 14 June 54	
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24a. BURIAL CREMATORY (Specify) BURIAL		24b. DATE 6-15-54		24c. NAME OF CEMETERY OR CREMATORY White Chapel		24d. LOCATION (City, town, or county) (State) CLAY CO MO	
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DATE REC'D BY LOCAL REG. 6-15-54		REGISTRAR'S SIGNATURE Sheldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DW. Newcomer's N.K.C.	
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Glen H Hill*

Licensed Embalmer No...458

P. O. Address..... *K.C.*

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.