

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5315**

1. PLACE OF DEATH  
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. LENGTH OF STAY (in this place) **5 Yrs**

c. CITY OR TOWN **Kansas City**

d. In Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **General Hospital #2**

e. STREET ADDRESS (If rural, give location) **1204 Highland Avenue 3168**

3. NAME OF DECEASED  
a. (First) **Buddy** b. (Middle) \_\_\_\_\_ c. (Last) **Brown**

4. DATE OF DEATH (Month) (Day) (Year) **12 12 1954**

5. SEX **Male**

6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Dec. 25, 1898**

9. AGE (In years last birthday) **55**

IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 1 HR. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Chicken Dresser**

10b. KIND OF BUSINESS OR INDUSTRY **Poultry Business**

11. BIRTHPLACE (City and State or Foreign Country) **Dallas, Texas**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Unknown**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Cleopatra Brown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO. **449-16-7551**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Cleopatra Brown 809 W. 21st St.**

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) **Acute pulmonary edema**  
  
ANTECEDENT CAUSES  
DUE TO (b) **Cardio vascular disease with failure**  
DUE TO (c) \_\_\_\_\_  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
  
**4221**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-6-54**, 19\_\_\_\_, to **11-12-54**, 19\_\_\_\_, that I last saw the deceased alive on **11-12-54**, 19\_\_\_\_, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **[Signature]**

23b. ADDRESS **600 East 22nd Street**

23c. DATE SIGNED **11-15-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **11-20-54**

24c. NAME OF CEMETERY OR CREMATORY **Highland Cemetery**

24d. LOCATION (City, town, or county) (State) **Kansas City, Mo.**

DATE REC'D BY LOCAL REG. **11-17-54**

REGISTRAR'S SIGNATURE **[Signature]**

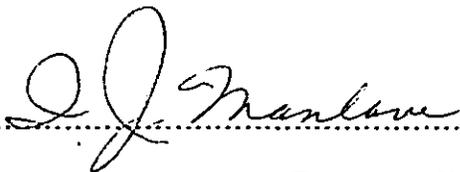
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **[Signature] 1729 Lyden**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
E. Frank Ellis

**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: .....

Licensed Embalmer No. 399.....

P. O. Address 2503 7th.....

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.