

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11811**
Registrar's No. **1741**

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

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. CITY OR TOWN KANSAS City	
c. LENGTH OF STAY (In this place) 38 YEARS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital		STREET ADDRESS (If rural, give location) 3906 Euclid	

3. NAME OF DECEASED (Type or Print) a. (First) ELSIE	b. (Middle) NINA	c. (Last) BROWN	4. DATE OF DEATH (Month) (Day) (Year) April 18, 1955
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH OCT 31, 1883	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STENOGRAPHER	10b. KIND OF BUSINESS OR INDUSTRY School by Stationery and Printing Co.	11. BIRTHPLACE (City and State or Foreign Country) LAMAR, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HENRY BROWN	13b. MOTHER'S MAIDEN NAME LAURA GREEN	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 487-07-6933A	17. INFORMANT'S SIGNATURE OR NAME MRS. Dillie ANDERSON, 3906 EUCLID K.C.MO.	ADDRESS _____
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous Pt. Pleura, Left Lung, and Retroperitoneal Lymph nodes.	INTERVAL BETWEEN ONSET AND DEATH 1998
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) and Retroperitoneal Lymph nodes.</p> <p>DUE TO (c) Primary Site, Undetermined.</p>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.) _____	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 **Patrol Sgt. [Signature]** attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Jack H. Hill	23b. ADDRESS 3001 Wyandott St. St. Louis, Mo.	23c. DATE SIGNED 19 April 1955
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24a. DATE REC'D BY LOCAL REG. 4-20-55	24b. DATE April 21, 1955	24c. NAME OF CEMETERY OR CREMATORY LAKE CEMETERY	24d. LOCATION (City, town, or county) (State) LAMAR MISSOURI
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REGISTRAR'S SIGNATURE Newminshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMB & SONS	1331 ADDRESS R.C.MO. BRUSH CREEK Blvd
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

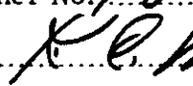
STATEMENT BY LICENSED EMBALMER

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.....


Licensed Embalmer No. 48

P. O. Address.....


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.