

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35996**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1195**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>20 years</b>	c. CITY OR TOWN <b>St. Joseph</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1609 Highland Avenue</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>1609 Highland Avenue</b>		(If rural, give location) <b>0110</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alexander</b> b. (Middle) <b>Jan</b> c. (Last) <b>Brown</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 8, 1955</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>Sept. 3, 1869</b>		9. AGE (In years last birthday) Months Days <b>86</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Realtor &amp; Ins.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Milan, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Alexander Brown</b>	13b. MOTHER'S MAIDEN NAME <b>Rebecca France</b>	14. NAME OF HUSBAND OR WIFE <b>Augusta A. Brown</b>
----------------------------------------------	----------------------------------------------------	--------------------------------------------------------

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>Mrs. Augusta Brown, 1609 Highland, St. Joseph, Mo.</b>	ADDRESS <b>St. Joseph, Mo.</b>
-----------------------------------------------------------------------------------------------------------------------	----------------------------------------	------------------------------------------------------------------------------------------------	-----------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemiplegia st.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>36 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis generalized</b>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>334X</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **11-7**, 19**55**, to **11-8**, 19**55**, that I last saw the deceased alive on **11-7**, 19**55**, and that death occurred at **11:30p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Irwin Rosenthal M.D.</b>	23b. ADDRESS <b>St Joseph Mo</b>	23c. DATE SIGNED <b>11-9-55</b>
-----------------------------------------------------------------	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/11/1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>
------------------------------------------------------------	--------------------------------	---------------------------------------------------------------------	-------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <b>Nov 16, 1955</b>	REGISTRAR'S SIGNATURE <b>Cathryn M. Allison</b>	485-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>Heaton Bowman</b>	ADDRESS <b>St Joseph, Mo</b>
-------------------------------------------------	----------------------------------------------------	-------	----------------------------------------------------------	---------------------------------

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

5185

*Wm. D. ...*

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.....  
*Eugene Wood*

Licensed Embalmer No. *580*

P. O. Address *314 So 10th St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.