

FILED NOV 29 1955

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36759**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4905**

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

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

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **KANSAS CITY** c. LENGTH OF STAY (In this place) **21 days**

c. CITY OR TOWN **MANSFIELD** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSPITAL**

10. STREET ADDRESS (If rural, give location) **1177**

3. NAME OF DECEASED a. (First) **HENRY** b. (Middle) **OSCAR** c. (Last) **BROWN** 4. DATE OF DEATH (Month) (Day) (Year) **NOVEMBER 13, 1955**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **February 25, 1896** 9. AGE (In years last birthday) **59** 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) **CLERK - RETAIL** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **AVA, MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **DOMIEL R. BROWN** 13b. MOTHER'S MAIDEN NAME **MINNIE WENDT** 14. NAME OF HUSBAND OR WIFE **RUTH**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES** **WW I** 16. SOCIAL SECURITY NO. **494-10-0153** 17. INFORMANT'S SIGNATURE OR NAME **Official Records, VA Hospital, K.C., Mo.** ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pulmonary embolism**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Mural thrombi**

Arteriosclerotic heart with aneurism of left ventricle post myocardial infarction 12yrs

DUE TO (c) **Pulmonary edema**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. **4200 lbs.**

INTERVAL BETWEEN ONSET AND DEATH **5 hour**

Undet.

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) _____ 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 **Oct 23**, 1955, to **Nov. 13**, 1955, that I last saw the deceased **live** on **11/13/55**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Joachim F. Lopes** (Deceased or Wife) 23b. ADDRESS **VA Hospital, K.C., Mo.** 23c. DATE SIGNED **Nov 13, 55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **11-13-55** 24c. NAME OF CEMETERY OR CREMATORY **MANSFIELD** 24d. LOCATION (City, town, or county) (State) **MANSFIELD Mo.**

DATE REC'D BY LOCAL REG. **11-13-55** REGISTRAR'S SIGNATURE **New Marshall** 25. FUNERAL DIRECTOR'S SIGNATURE **Miss L Miller** ADDRESS **Mansfield Mo.**

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

MAY 26 1958

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 *Max S. Miller*.....

Licensed Embalmer No. *476*

P. O. Address *Mansfield*

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.