

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39678

State File No.

FILED JAN 3 - 1956

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1350

4

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph,		c. LENGTH OF STAY (in this place) 10 yrs	c. CITY OR TOWN Rushville,
d. FULL NAME OF HOSPITAL OR INSTITUTION 214 Texas St. (Silvey Rest Home)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) Mo.		01101	
3. NAME OF DECEASED (Type or Print) a. (First) Lillie b. (Middle) B c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) Dec 17 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH No. 23, 1873
9. AGE (In years last birthday) 82		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) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) DeKalb, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Davis	
13b. MOTHER'S MAIDEN NAME Tobitha Ogden		14. NAME OF HUSBAND OR WIFE George W. Brown, (De)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Chester Jenkins St. Joseph,			
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) Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the Colon DUE TO (c) 153x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease	
INTERVAL BETWEEN ONSET AND DEATH 12 hrs		unknown	
unknown		unknown	
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)		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 March 1953 , to Dec 17, 1955 , that I last saw the deceased alive on Dec 16, 1955 , and that death occurred at 10:45 AM , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Sharon E. Waymover M.D.		23b. ADDRESS 301 Illinois St. Joseph Mo	
23c. DATE SIGNED 12-19-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/18/55	
24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery		24d. LOCATION (City, town, or county) (State) DeKalb, Mo	
DATE REC'D BY LOCAL REG. Dec 23, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison	
485		25. FUNERAL DIRECTOR'S SIGNATURE John E. Kepp, St. Joseph, Mo.	
ADDRESS			

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, on my Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *John E. Papp*
Licensed Embalmer No. 39
P. O. Address *St. Joseph*

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.