

3847

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

230

No. 300

FILED MAR 5 1956

10.48

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>25 yrs.</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Methodist Hospital (Missouri)</u>				e. STREET ADDRESS (If rural, give location) <u>324 W North 10th Street</u> <u>01170</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>			b. (Middle) <u>W</u>		c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 10, 1871</u>		9. AGE (In years last birthday) <u>85</u> 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) <u>Ret. Watchman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Merchants</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clarksdale Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Andrew J. Brown</u>			13b. MOTHER'S MAIDEN NAME <u>Eliza Sheets</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Walker E. Brown</u>			ADDRESS <u>St. Joseph, Mo.</u>	
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) <u>Acute Cerebral Hemorrhage</u>  ANTECEDENT CAUSES <u>With Right Hemiplegia</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>1 week</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>331X</u>						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) (Min.)		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 <u>2/17</u> <sup>1956</sup> , to <u>2/22</u> <sup>1956</sup> , that I last saw the deceased alive on <u>2/21</u> <sup>1956</sup> , and that death occurred at <u>2:30P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Andrew Brown MD</u> (Degree or title)					23b. ADDRESS <u>St. Joseph, Missouri</u>			23c. DATE SIGNED <u>2/23/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-24-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clarksdale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksdale Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Mar 2, 1956</u>		REGISTRAR'S SIGNATURE <u>Leather M. Allison</u> <u>485-</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stoney Tunnel Home</u> <u>St. Joseph, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 *Charles E. Bennett*.....

Licensed Embalmer No. *4622*

P. O. Address *St. Joseph, Mo.*

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.