No. 300
10.48

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

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4648

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 444

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS city
c. LENGTH OF STAY (in this place): 75 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: JACKSON
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 4648 Pennsylvania Avenue

3. NAME OF DECEASED (Type or Print): a. (First) ROSE b. (Middle) L. c. (Last) BROWN
4. DATE OF DEATH (Month) (Day) (Year): JANURARY 29, 1956
5. SEX: Femple
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: JULY-20-1880
9. AGE (In years last birthday): 75 — 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): RETIRED · 5YEARS - SECRETARY
10b. KIND OF BUSINESS OR INDUSTRY: - PRIVATE
11. BIRTHPLACE (City and State or Foreign Country): KANSAS CITY MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: HARMAN BROWN
13b. MOTHER'S MAIDEN NAME: ANNA NELSON
14. NAME OF HUSBAND/OR WIFE: - -
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.: 487-05-6065
17. INFORMANT'S SIGNATURE OR NAME: MISS LOUISE BROWN — ADDRESS: 4648 PENNSYLVANIA KANSAS CITY MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Intestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

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

DUE TO (b) Uremia, Electrolite Imbalance — 10 days
DUE TO (c) Cerebral Thrombosis (1/28/56) — 10 -
DUE TO (d) Auricular Fibrillation, Now Compensating Heart disease — 1 Month
DUE TO (e) Rheumatic heart disease — 416 X

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 ☐ 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) m.
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* Dec 27, 1955, *to* Jan 29, 1956, *that I last saw the deceased alive on* Jan 29, 1956, *and that death occurred at* 3:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE P. J. O'Connell (Degree or title) M.D.
23b. ADDRESS 327 Argyle Bldg. K.C. Mo
23c. DATE SIGNED 1/30-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN-31-1956
24c. NAME OF CEMETERY OR CREMATORY: NEWCOMER'S VAULTS
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 1-31-56
REGISTRAR'S SIGNATURE: Neva Marshall
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. NEWCOMER'S SONS — ADDRESS: 1331 BROAD CREEK KANSAS City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

2-2-331

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward M. Stac

Licensed Embalmer No. 445

P. O. Address K. C. 10

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