

FILED JUN 20 1956

THE REPUBLIC OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1946-1

STATE FILE NUMBER

Registration District No. 2 Primary Registration District No. 5014 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson Township		c. CITY OR TOWN St. Joseph <u>6020</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R.#3		d. STREET ADDRESS R.R.#3 (If outside, give location)	
Length of stay in lb 10 yrs		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) JACK BROWN			4. DATE OF DEATH June 11 1956		
5. SEX Male			6. COLOR OR RACE White		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH March 1, 1883		
9. AGE (In years last birthday) 73			10. KIND OF BUSINESS OR INDUSTRY Burlington R.R.		11. BIRTHPLACE (City and state or country) Nodaway Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Foreman			12. CITIZEN OF WHAT COUNTRY? U S A		
13. FATHER'S NAME Thomas Jefferson Brown			14. MOTHER'S MAIDEN NAME Sarah Frances Raines		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Eva Jane Brown Address St. Joseph, Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Short
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 6-11-56 to 6-11-56 and last saw ^{her} him Alive on 6-11-56 Death occurred at 1:45P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Mohammed John M.D.		22b. ADDRESS 1306 S. 26 St.		22c. DATE SIGNED 6-12-56	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-14-56		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
24. FUNERAL DIRECTOR Stoney Funeral Home ADDRESS St. Joseph, Mo.			25. DATE RECD. BY LOCAL REG. 6-15-56		26. REGISTRAR'S SIGNATURE Kellian Spinks		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUL 10 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *John Roy Starn*

Licensed Embalmer No. *24*

P. O. Address *Alford*

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