

FILED SEP 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26037

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 10000 Registrar's No. 959

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Methodist Hospital		d. STREET ADDRESS (If outside, give location) 321 No. 15th St.	
3. NAME OF DECEASED (Type or print) First MIDDLE Last ROSCOE GREGORY BROWN		4. DATE OF DEATH Month Day Year Sept. 4 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 April 5, 1883
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist	
11. BIRTHPLACE (City and state or country) Chatham Ontario Canada		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Abel O. Brown		14. MOTHER'S MAIDEN NAME Martha Gregory	
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. 491-09-9173	
17. INFORMANT Mrs. Madge 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) Hemorrhage - DUE TO (b) aneurysm - abdominal aorta. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 451X			INTERVAL BETWEEN ONSET AND DEATH 7-10 years Several years
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <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 9-2-56 to 9-4-56 and last saw her alive on 9-3-56 Death occurred at 3:53 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Lucas N. Ide MD		22b. ADDRESS 902 Edward St. St. Joseph, Mo.	
22c. DATE SIGNED 9-6-56			
23a. BURIAL (Specify) Burial		23b. DATE 9-6-56	
23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
24. FUNERAL DIRECTOR Stacey Funeral Home		25. DATE RECD. BY LOCAL REG. Sept 7, 1956	
ADDRESS St. Joseph, Mo.		26. REGISTRAR'S SIGNATURE Catherine M. Allison	

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

85-0

(Licensed Embalmer's Statement on Reverse Side)

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. *1162*

P. O. Address *St. Joseph*

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.