

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1562

FILED FEB 8 1957

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 4240 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue Springs			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Blue Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West Vesper St				Length of stay in lb 3wks		d. STREET ADDRESS (If outside, give location) West Vesper St		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle Fletcher Last Brown				4. DATE OF DEATH Month Jan Day 23 Year 1957				
5. SEX Male	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Feb 26 1878	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (City and state or country) Cabool Mo		12. CITIZEN OF WHAT COUNTRY? Usa	
13. FATHER'S NAME Nathonal Brown				14. MOTHER'S MAIDEN NAME Sarah Hannah				
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 Address springs Mrs Robert Brown West Vesper Blue 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) Hypostatic Pneumonia							INTERVAL BETWEEN ONSET AND DEATH 4 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Lymphatic Leukemia							8 years	
DUE TO (c) Senility & Arteriosclerosis							Years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 2040							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 a. m. Month, Day, Year 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 Dec 20 1956 to Jan 23, 1957 and last saw him him alive on Jan 23 1957 Death occurred at 4:50 pm on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) James H. Via DO				22b. ADDRESS 2 Blue Springs, Mo		22c. DATE SIGNED 1-24-57		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
Burial		Jan 26 1957	Blue Springs		Blue Springs Mo			
24. FUNERAL DIRECTOR ADDRESS Mo				25. DATE RECD. BY LOCAL REG. 1-25-1957		26. REGISTRAR'S SIGNATURE N. B. Langford		
Webb Funeral Home Blue Springs								

(Licensed Embalmer's Statement on Reverse Side)

300
7-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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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 *R. B. Webb*.....

Licensed Embalmer No. 230

P. O. Address *Blue Springs*

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.