Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043273
STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1364

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Josephs Hosp. — Length of stay in Ib: 36 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2227 S. 10th St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: LILLIE Middle: M. Last: BROWN

4. DATE OF DEATH Month Day Year: Dec. 18, 1958

5. SEX: female **6. COLOR OR RACE:** white **7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: Aug. 14, 1874 **9. AGE** (In years last birthday): 84 — 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): housewife **10b. KIND OF BUSINESS OR INDUSTRY:** own home

11. BIRTHPLACE (City and state or country): New Hampton, Mo. **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME: Allen Stewart **13b. MOTHER'S MAIDEN NAME:** Hanna Carter **14. NAME OF HUSBAND OR WIFE:** Joseph J. Brown

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.:** 491-10-3627 **17. INFORMANT** Address: Walter R. Brown, 1411 Seneca, St.Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Hemorrhage — 1 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — Unk
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331x

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ] **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. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ] **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 Nov 30 1958, to Dec 18, 1958 and last saw her alive on Dec 17, 1958
Death occurred at 2:20a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Martin H Christ MD **22b. ADDRESS:** 6106 King Hill Ave **22c. DATE SIGNED:** Dec 20, 1958

All diseases in Part I must be causally related.
Dr. Martin H. Christ
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

23a. BURIAL, CREMATION, REMOVAL (Specify): burial **23b. DATE:** 12/20/1958 **23c. NAME OF CEMETERY OR CREMATORY:** Memorial Park Cemetery **23d. LOCATION** (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR ADDRESS: Heston-Bowman St. Joseph, Mo. **25. DATE RECD. BY LOCAL REG.:** Dec. 22, 1958 **26. REGISTRAR'S SIGNATURE:** Mrs Clarke Goodell

(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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 314 So 10th, St Joseph

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.