

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017618

STATE FILE NUMBER

2390

FILED JUN 9 1959 (Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2390)

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 Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Oak Grove		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hosp			Length of stay in 1b 1 Day		d. STREET ADDRESS (If outside, give location) 7000 City		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mattie Martha Brann				4. DATE OF DEATH Month Day Year May 10 1959			
5. SEX Fm	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 2 1877		9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Oak Grove Mo		12. CITIZEN OF WHAT COUNTRY? UXSA	
13a. FATHER'S NAME Marion Owings			13b. MOTHER'S MAIDEN NAME Mary Jane Sharp			14. NAME OF HUSBAND OR WIFE Joseph- Expired	
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. Gladys Dunn 912 Benton K. C. 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 Heart Disease						INTERVAL BETWEEN ONSET AND DEATH 4 months	
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.) 331X				
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 1-14-59 to date and last saw her alive on 3-4-59 Death occurred at 7 A M on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. W. Williams M.D.				22b. ADDRESS Oak Grove Mo		22c. DATE SIGNED 5-11-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 12 1959	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem		23d. LOCATION (City, town, or county) (State) Oak Grove Mo		
24. FUNERAL DIRECTOR Webb Funeral Home Oak Grove Mo				25. DATE RECD. BY LOCAL REG. 5-14-59		26. REGISTRAR'S SIGNATURE Newman	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service  
 300  
 -57  
 All diseases in Part I must be causally related.  
 Doctor, coroner, enter measure number.  
 MEDICAL CERTIFICATION  
 John W. Williams USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 William Freer

Licensed Embalmer No. 4733

P. O. Address Blue Springs

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.

