

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018117

STATE FILE NUMBER

FILED JUN 2 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 274

300
-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY CHEROKEE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN GALENA 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. John's Hosp.		Length of stay in 1b 3 days	d. STREET ADDRESS (If outside, give location) 810 Dewey Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last GOLDIE ANN BROWN			4. DATE OF DEATH Month Day Year MAY 25 1959		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 15, 1889	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) JOPLIN Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES MAXEY		13b. MOTHER'S MAIDEN NAME ELIZABETH MILLER		14. NAME OF HUSBAND OR WIFE William Norman Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name of unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-01-7143	17. INFORMANT Address William L. Brown Galena Kan		

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 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Pulmonary Edema	48 hrs
	DUE TO (c) Cerebral Hemorrhage Massive	48 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (g) Hypertensive Cardiovascular Disease		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 <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 GALENA	COUNTY KANSAS	STATE
21. I attended the deceased from 5/23/59 to 5/25/59 and last saw her alive on 5/25/59 Death occurred at 9:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) Paul H. Gucht M.D.		22b. ADDRESS Galena Kansas		22c. DATE SIGNED 5/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-27-59	23c. NAME OF CEMETERY OR CREMATORY HILL CREST	23d. LOCATION (City, town, or county) (State) GALENA KANSAS
24. FUNERAL DIRECTOR Ray R. Derfelt Galena Kan		25. DATE RECD. BY LOCAL REG. 5-25-1959	26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Ray D. Werfelt*

Licensed Embalmer No. *4945*

P. O. Address *Galena Kan.*

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.