

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-038979**

**FILED VS NOV 23 1959** 042

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 1000 Registrar's No. 1147

UNRECORDED

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Buchanan</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Length of stay in 1b <b>60 years</b>		c. CITY OR TOWN <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Methodist Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1313 S. 25th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>HARRY</b> Middle <b>C.</b> Last <b>BROWN</b>				4. DATE OF DEATH Month <b>November</b> Day <b>13</b> Year <b>1959</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 4, 1877</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Packing Plant</b>		11. BIRTHPLACE (City and state or country) <b>Pardee, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>James M. Brown</b>			13b. MOTHER'S MAIDEN NAME <b>Rosa Elliott</b>			14. NAME OF HUSBAND OR WIFE <b>Nell Brown</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>487-09-1494</b>		17. INFORMANT <b>Mrs. Hugh Agee, 1313 S. 25th St., St. Joseph, Mo</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Ulcera</b>							<b>3-4 weeks</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>nephrosclerosis - due to arteriosclerosis</b>							<b>several years</b>	
DUE TO (c) <b>Bronchopneumonia - terminal</b>							<b>4-5 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cancer of prostate 7 years - brown</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ a.m. _____ p.m.		Month, Day, Year						
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 <b>10-12-59</b> , to <b>11-13-59</b> and last saw her <sup>him</sup> alive on <b>11-8-59</b> Death occurred at <b>8:30 a.</b> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Lucien N. Ide</b>			(Degree or title) <b>M.D.</b>		22b. ADDRESS <b>902 Elmwood St. Joseph, Mo</b>		22c. DATE SIGNED <b>11-14-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>11/16/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Joseph Mo.</b>				
24. FUNERAL DIRECTOR <b>Heaton-Bauman</b>			ADDRESS <b>St. Joseph, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 19, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>	

DOCUMENT

BY AFFIDAVIT OF L.W. Ide, M.D. MEDICAL CERTIFICATION

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 J. Gilling

Licensed Embalmer No. 4535

P. O. Address St. Joseph St

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.