

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 19 1960

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-60-033852

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Buchanan		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Missouri		a. STATE Missouri		b. COUNTY Buchanan	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION (Home) 1303 1/2 South 33rd Rd.		Length of stay in 1b 28 Yrs.		c. CITY OR TOWN St. Joseph, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 1303 1/2 South 33rd Road		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 1303 1/2 South 33rd Road		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First LEONARD		Middle THEODORE		Last BROWN		Month Day Year September 4 1960	
5. SEX Male	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 9/30/1890	9. AGE (last birthday) 69	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) Ret. C.B. & O. Conductor		10b. KIND OF BUSINESS OR INDUSTRY R. R. Conductor		11. BIRTHPLACE (City and state or country) Clarinda, Iowa		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Norval Brown			13b. MOTHER'S MAIDEN NAME Unk Wright		14. NAME OF HUSBAND OR WIFE Hattie Brown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk		16. SOCIAL SECURITY NO. Unk		17. INFORMANT Address Mr. Lawrence Brown 1303 1/2 So. 33rd Road			
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) hem. cavernomatosis						2-3 yrs	
DUE TO (b) Ca of Rectum						3-4 yrs	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) marked Cachexia - Mal nutrition						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 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. 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 1958 to TIME of death and last saw him alive on Aug 30 60 Death occurred at 10:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) M.E. Grimes MD				22b. ADDRESS St Joseph MO		22c. DATE SIGNED 9/8/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 6, 1960	23c. NAME OF CEMETERY OR CREMATORY Clarinda Cemetery		23d. LOCATION (City, town, or county) (State) Clarinda, Iowa		
24. FUNERAL DIRECTOR Victor Bowman			ADDRESS St. Joseph, Missouri		25. DATE RECD. BY LOCAL REG. Sept. 9, 1960		26. REGISTRAR'S SIGNATURE Wm. Clark Goodell

DOCUMENT

BY AFFIDAVIT OF M.F. Grimes, 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address St Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.