

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1188
116

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u> OR TOWN <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Linneus</u> OR TOWN <u>0</u>	
c. LENGTH OF STAY (In this place) <u>2 Months</u>		d. STREET ADDRESS (If rural, give location) <u>-</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Sider Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Zelma</u> b. (Middle) <u>Brown</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) <u>1</u> (Day) <u>11</u> (Year) <u>1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>4-12-1871</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John L. Stephens</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Alexander</u>	14. NAME OF HUSBAND OR WIFE <u>Victor Brown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Harold W. Brown 4336 East 56th.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignant type of Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death through <u>neck of rib fracture</u> <u>Diabetes mellitus; accidental fall & removal of right femoral fracture</u>			INTERVAL BETWEEN ONSET AND DEATH <u>slight indistinct</u> <u>Over 5 yrs</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>E 9030</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 26 48 57 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Patch on heel getting caught on bed -</u>	
22. I hereby certify that I attended the deceased from <u>12/26</u> , 19 <u>48</u> , to <u>1-11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1-10</u> , 19 <u>49</u> , and that death occurred at <u>5:00 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Myron Auld, Jr.</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>3504 Exchange K.C. 3, Mo.</u>	23c. DATE SIGNED <u>1/11/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-11-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellow, Linneus, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Linneus, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-11-49</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. C. L. Forstar Kansas City, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. 8835
20m

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
Student Embalmer

Signed *John Clark*

Licensed Embalmer No. *4716*

P. O. Address *K. C. Mo.*

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 this body is not embalmed, fact should be so stated above.