

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14777

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 28

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>Jackson</u> CITY <u>Orrick</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Orrick</u>	
c. LENGTH OF STAY (In this place) <u>25 Year</u>		d. STREET ADDRESS (If rural, give location) <u>1497 North Osage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Frank</u>	c. (Last) <u>Brown</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-26-1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 8, 1855</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Ray County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah White</u>	14. NAME OF HUSBAND OR WIFE <u>Dora Brown</u>
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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 <u>R.D. Brown</u> ADDRESS <u>517 West Maple Indep Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		unknown
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>45</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>8</u>
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22. I hereby certify that I attended the deceased from 1 Jan, 1949, to 26 Jan, 1949, that I last saw the deceased alive on 23 Jan, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Saunders MD</u> (Degree or title)	23b. ADDRESS <u>Independence, Mo</u>	23c. DATE SIGNED <u>1-26-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-26-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rowland Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Orrick, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 27-49</u>	REGISTRAR'S SIGNATURE <u>R. D. Brown</u> <u>354</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. K. Copley</u> ADDRESS <u>Indep. Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Carne O. Gerkey

Student Embalmer No. 230

working under my personal supervision.

Student *Carne O. Gerkey*
Student Embalmer

Signed

Dillon L. Keph

Licensed Embalmer No. 4225

P. O. Address Dep. 200

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.