

FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27268

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give town) Holden, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Holden, Mo.	
c. LENGTH OF STAY (in this place) 20 yrs.		d. STREET ADDRESS (If rural, give location) West Fifth Street.	
d. FULL NAME OF HOSPITAL OR INSTITUTION West Fifth Street.		d. STREET ADDRESS (If rural, give location) West Fifth Street.	

3. NAME OF DECEASED (Type or Print)	a. (First) ELMER	b. (Middle) C.	c. (Last) BROWN	4. DATE OF DEATH (Month) (Day) (Year) August 12, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 18, 1887	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR (Months) 10	IF UNDER 4 HRS. (Days) 24
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Labor	11. BIRTHPLACE (State or foreign country) Jackson County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Benjamin U. Brown	13b. MOTHER'S MAIDEN NAME Laura Ellen Fetter	14. NAME OF HUSBAND OR WIFE --
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes.	16. SOCIAL SECURITY NO. World War #1	17. INFORMANT'S SIGNATURE OR NAME Ethel Brown	ADDRESS Holden, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thromboses		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Vascular Disease	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 12, 1949**, to **Aug 12, 1949**, that I last saw the deceased alive on **Aug 12, 1949**, and that death occurred at **6:00 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kelly Rawlins M.D.	23b. ADDRESS Holden Mo	23c. DATE SIGNED 8/13/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-15-49	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Independence Mo
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DATE REC'D BY LOCAL REG. Aug 14, 1949	REGISTRAR'S SIGNATURE Mrs E V Redford	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.B. CAST HOLDEN MO. E.B. Cast
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed EB Cast

Licensed Embalmer No. 4059

P. O. Address Holden, M

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.