

FILED NOV 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34050**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 329

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>	
b. CITY OR TOWN <u>INDEPENDENCE</u>	c. LENGTH OF STAY (in this place) <u>23 DAYS</u>	c. CITY OR TOWN <u>INDEPENDENCE</u>	d. STREET ADDRESS (If rural, give location) <u>11500-E-15<sup>th</sup> ST. 0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>INDEPENDENCE SANITARIUM</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GRACE</u> b. (Middle) <u>LUCILLE</u> c. (Last) <u>BROWN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29, 1949</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>FEB. 8 - 1889</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self-Employed</u>	11. BIRTHPLACE (State or foreign country) <u>Moline, Elk County, Kans</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>DANIEL D. RYAN</u>	13b. MOTHER'S MAIDEN NAME <u>GENIEVE MURPHY</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. Brown (deceased)</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>Miss Theresa Murphy</u> ADDRESS <u>11500 E. 15<sup>th</sup> St.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Degenerative Heart Disease 1 year with Coronary Sclerosis, Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c) <u>X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>X</u>			

19a. DATE OF OPERATION <u>X</u>	19b. MAJOR FINDINGS OF OPERATION <u>X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>X</u>
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22. I hereby certify that I attended the deceased from Sept 20, 1949, to Oct 29, 1949, that I last saw the deceased alive on Oct. 29, 1949, and that death occurred at 10<sup>30</sup> A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. Grabow, M.D.</u>	23b. ADDRESS <u>Independence, Mo</u>	23c. DATE SIGNED <u>10/29/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 31, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lillis, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 30 - 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	354	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Canane</u> ADDRESS <u>INDEPENDENCE, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

OCT 12 RECD

MAR 17 1950

SUN 7 1951

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 Donald W. Harbo

Licensed Embalmer No. 4528

P. O. Address Independence, Miss.

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.