

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **41026**
 Registrar's No. **5105**

FILED DEC 17 1949

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5105**

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 29 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		11/9/49
d. FULL NAME OF HOSPITAL OR INSTITUTION Home - 3114 Campbell			d. STREET ADDRESS (If rural, give location) 3114 CAMPBELL		

3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) L. c. (Last) BROWN			4. DATE OF DEATH (Month) (Day) (Year) 11 - 30 - 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Approx. - 65		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 18 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Owner		10b. KIND OF BUSINESS OR INDUSTRY Westside ConeyIs.	11. BIRTHPLACE (State or foreign country) Atheneon, Greece		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Libres Galigalis		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary Brown	
---	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Brown, 3114 Campbell, K.C., Mo.			
---	--------------------------------------	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS				INTERVAL BETWEEN ONSET AND DEATH 15 MIN.
	ANTECEDENT CAUSES 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.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4:20			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	---	--	--	---	--

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)			
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?		

22. I hereby certify that I attended the deceased from **Nov. 30, 1949**, to **Nov. 30, 1949**, that I last saw the deceased alive on **Nov. 30, 1949**, and that death occurred at **8:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE George K. Landis (Type or Print) George K. Landis, M.D.		23b. ADDRESS 1630 Professional Bldg.	23c. DATE SIGNED Nov. 30, 1949
---	--	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-3-49	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
--	-----------------------------	--	---	--	--

DATE REC'D BY LOCAL REG. 12-2-49	REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo.		
--	---	--	--	--	--

(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 Alvin E. Heck.....

Licensed Embalmer No. 4063.....

P. O. Address Kansas City, 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.