

FILED FEB 18 1950

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 4774
467

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY JACKSON	b. CITY (If outside corporate limits, write RURAL and give township) OR KANSAS CITY	a. STATE MISSOURI	b. COUNTY JACKSON
c. LENGTH OF STAY (in this place) 15 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		d. STREET ADDRESS (If rural, give location) 2602 Euclid Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) HOUSTON	b. (Middle)	c. (Last) BROWN	4. DATE OF DEATH (Month) (Day) (Year) JANUARY 28 1950
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 2 1902	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER	10b. KIND OF BUSINESS OR INDUSTRY G.M.C. TRUCK CO.	11. BIRTHPLACE (State or foreign country) MOUNT PLEASANT, TEXAS	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JIM BROWN	13b. MOTHER'S MAIDEN NAME LOVELIA	14. NAME OF HUSBAND OR WIFE BETTY BROWN
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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) NO	16. SOCIAL SECURITY NO. 495-03-4795	17. INFORMANT'S SIGNATURE OR NAME BETTY BROWN	ADDRESS 2602 Euclid Avenue
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EDEMA		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSIVE TYPE HEART DISEASE WITH DECOMPENSATION DUE TO (c) CIRRHOSIS OF LIVER		
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 4/5 X	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 1-12, 1950 to 1-28, 1950, that I last saw the deceased alive on 1-28, 1950 and that death occurred at 11:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Frank Ellis</i>	(Degree or title) no.	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 1-30-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removed	24b. DATE Feb. 1, 50	24c. NAME OF CEMETERY OR CREMATORY Mount Pleasant Texas	24d. LOCATION (City, town, or county) (State) Mount Pleasant Texas
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DATE REC'D BY LOCAL REG. 2-1-50	REGISTRAR'S SIGNATURE <i>Steldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Adkins Bros. Funeral Home</i>	ADDRESS St. C. Mo.
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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 *C. Kenneth Kersford*

Licensed Embalmer No. *4437*

P. O. Address.....

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.