

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7673

BIRTH NO. 13060-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 359

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buch.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph A117</u>	
c. LENGTH OF STAY (If in place) <u>2 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>6631 Ridgeway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Osteopathic Hosp.</u>			

3. NAME OF DECEASED (Type or Print) Baby Girl Brown.

a. (First) Baby Girl b. (Middle) Brown. c. (Last)

4. DATE OF DEATH March 20, 1950 (Month) (Day) (Year)

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 8. DATE OF BIRTH March 20, 1950

9. AGE (In years last birthday) 2 IF UNDER 1 YEAR Months 2 Days - IF UNDER 24 HRS. Hours 2 Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (State or foreign country) St. Joseph, Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm L. Brown 13b. MOTHER'S MAIDEN NAME Margorie V. Carter 14. NAME OF HUSBAND OR WIFE -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Wm Brown - St Joseph, Mo. ADDRESS -

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth - 5 1/2 months in utero.

ANTECEDENT CAUSES DUE TO (b) Premature separation of placenta from uterus

DUE TO (c) -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -

INTERVAL BETWEEN ONSET AND DEATH 1615

19a. DATE OF OPERATION - 19b. MAJOR FINDINGS OF OPERATION - 20. AUTOPSY? YES NO

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) St. Joseph, Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) March 21, 1950 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? March 21, 1950

22. I hereby certify that I attended the deceased from 8:25 PM 1950, to 10:30 pm, that I last saw the deceased alive on 3-21, 1950, and that death occurred at 10:30 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Benjamin M. Riles MD 23b. ADDRESS 822 Edmund St St. Joseph, Mo 23c. DATE SIGNED 3-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 03/22/50 24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery 24d. LOCATION (City, town, or county) (State) St. Joseph, Mo

DATE REC'D BY LOCAL REG. Mar. 24, 1950 REGISTRAR'S SIGNATURE B. K. Jenkins 382 25. FUNERAL DIRECTOR'S SIGNATURE Stoney Funeral Home - St Joseph, Mo ADDRESS -

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2117
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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.

Signed.....

Charles M. Hasman

Signed.....
Student Embalmer

Licensed Embalmer No. *4487*

P. O. Address *St. Joseph*

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.