

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

15896

BIRTH NO.		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>655</u>
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>HOLT</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. JOSEPH</u>		c. LENGTH OF STAY (in this place) <u>15 YEARS</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI METHODIST HOSPITAL</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FOREST CITY</u> <u>044</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>BIRDIE</u> b. (Middle) <u>WRIGHT</u> c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) <u>JUNE</u> (Day) <u>3</u> (Year) <u>1950</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 24, 1888</u>	9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>POSTMISTRESS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>POST OFFICE</u>		11. BIRTHPLACE (State or foreign country) <u>WELLINGTON, KANSAS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>HENRY J. BIRTEL</u>		13b. MOTHER'S MAIDEN NAME <u>LAURA J. WRIGHT</u>		14. NAME OF HUSBAND OR WIFE <u>A.M. BROWN</u>
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 ADDRESS <u>A.M. BROWN, FOREST CITY, MO.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lung abscess</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia</u> DUE TO (c) <u>Pulmonary cauged.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture Rt. Hip</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 da</u> <u>12 "</u> <u>14 "</u> <u>18 "</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Fracture Neck Rt. femur 044</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Forest City Holt MO.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-18-50</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Slipped + fell. E9030</u>
22. I hereby certify that I attended the deceased from <u>5-18, 1950</u> , to <u>6-3, 1950</u> , that I last saw the deceased alive on <u>6-2, 1950</u> , and that death occurred at _____ m., from the causes and on the date stated above. <u>21</u>				
23a. SIGNATURE <u>Jacob Kulowski</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>6-3-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>3</u>		24b. DATE <u>JUNE 5, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PRAIRIE LAWN</u>
24d. LOCATION (City, town, or county) (State) <u>WELLINGTON, KANSAS</u>				
DATE REC'D BY LOCAL REG. <u>June 5, 1950</u>		REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u> <u>382</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James H. Pettigrew Oregon Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

661 9 700

MIL 9 1981

---

---

**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

*James H. Pettigrew*

Licensed Embalmer No.

*3192*

P. O. Address

*Oregon 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.