

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23490**
2991

FILED JUL 29 1950

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2801 Forest Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sakaida Hospital.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Stephen</u> b. (Middle) <u>HENRY</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 6 - 1950</u>		
--	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 18, 1877</u>	9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 6 WEEKS: Hours _____ Min. _____	
--------------------	-------------------------------	---	--------------------------------------	---	--	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - 8 YEARS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>A. NUMBER 1 - ELECTRIC SUPPLY CO. K. STANLEY</u>		11. BIRTHPLACE (State or foreign country) <u>BORRING Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
--	--	---	--	---	--	--	--

13a. FATHER'S NAME <u>William H Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Holder</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Clara 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>491-20-5121</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clara Brown</u>		ADDRESS <u>K.C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Myocardial Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Intestinal Adhesions</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>5705</u>
--	--	---

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 Jan 10, 1950 to July 6, 1950, that I last saw the deceased alive on July 6, 1950, and that death occurred at 5:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph A. Fogarty MD</u>	23b. ADDRESS <u>402 Witham Pl. C. 3 Mo</u>	23c. DATE SIGNED <u>7/6/50</u>
--	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 10 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>7-8-50</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D W Newcome's Sons</u>	ADDRESS <u>1331 Grand Creek K.C. Mo</u>
--	---	--	---

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.....

Albert L. Savage
working under my personal supervision.

Student Embalmer No. *360*.....

Signed *Albert L. Savage*
Student Embalmer *360*

Signed *John E. Frisking*
Licensed Embalmer No. *4483*

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.