

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29541

| | | | | | | | | | |
|---|-------------------------------|--|--|--|---|---|---|--|------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>5134</u> | | Registrar's No. <u>1017</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>Buchanan</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph Wash. Twp</u> | | c. LENGTH OF STAY (In this place) <u>80 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | 0117 1 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R.#3 Washington Twp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>2511 No. 4th St.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> | | b. (Middle) <u>Wesley</u> | | c. (Last) <u>Brown</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5, 1950</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Feb. 15, 1868</u> | 9. AGE (In years last birthday) <u>82</u> | F UNDER 1 YEAR Months | F UNDER 1 YEAR Days | F UNDER 1 YEAR Hours | F UNDER 1 YEAR Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service Station Operator</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>John Brown</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Anna 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 <u>Laurel Brown</u> ADDRESS <u>2511 N. 4 St. Joe. 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>Mitral Insufficiency</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) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2yrs.</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | 4107 | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) m. | | 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 <u>Jan. 2, 1948</u> , to <u>Sept. 5, 1950</u> , that I last saw the deceased alive on <u>Sept. 5, 1950</u> , and that death occurred at <u>2:00p</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J. R. Elbert M.D.</u> | | | | 23b. ADDRESS <u>801 1/2 Francis St. Joseph, Mo</u> | | 23c. DATE SIGNED <u>9/6/50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept. 7, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Sept. 9, 1950</u> | | REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u> 382 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stamey Funeral Home - St. Joseph, Missouri</u> | | | | | |

(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 Charles M. Harris

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.