

FILED MAY 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15964

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5221 Registrar's No. 34

0241
5

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Holt Rural Kearney Twp</u>	
c. LENGTH OF STAY (in this place) <u>4 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>0240</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I.O.O.F Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Anne</u>		b. (Middle) <u>Hellen</u>		c. (Last) <u>Brawner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1951</u>	
---	--	---------------------------	--	--------------------------	--	--	--

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 25-1871</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		IF UNDER 1 YEAR Min.	
-------------------------	--	----------------------------------	--	--	--	--	--	---	--	---------------------------	--	-------------------------	--	--------------------------	--	-------------------------	--

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

13a. FATHER'S NAME <u>John H. Staley</u>			13b. MOTHER'S MAIDEN NAME <u>Belle Greason</u>			14. NAME OF HUSBAND OR WIFE <u>Ernest E.</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>Carl Brawner</u>		ADDRESS <u>Kansas City</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>Arteriosclerosis</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>							
		DUE TO (c)							
		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 <u>4500</u>		20. AUTOPSY? YES <input 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)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <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 March, 1951, to May, 1951, that I last saw the deceased alive on May 5, 1951, and that death occurred at ? m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. T. Goodson MD</u>		(Degree or title)		23b. ADDRESS <u>Liberty Mo</u>		23c. DATE SIGNED <u>5/8/51</u>	
--	--	-------------------	--	-----------------------------------	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 8-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Holt Missouri</u>	
--	--	--------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <u>May 8-1951</u>		REGISTRAR'S SIGNATURE <u>Minnie Haynes</u>		64		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leonard Fry</u>		ADDRESS <u>Kearney Mo</u>	
---	--	---	--	----	--	--	--	------------------------------	--

1951



STATEMENT BY LICENSED EMBALMER

1951

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 Leonard Fry.....

Licensed Embalmer No. 1677.....

P. O. Address Kearney 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.