

40936

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 19 1951

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>5218</u>		Registrar's No. <u>1521</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Big Creek Twp.</u>			c. LENGTH OF STAY (in this place) <u>7 MO.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Big Creek Twp.</u>			0190
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Mi. So. Lee's Summit</u>				d. STREET ADDRESS (If rural, give location) <u>7 Mi. So. Lee's Summit</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Clinton</u>		b. (Middle) <u>*****</u>		c. (Last) <u>Brown</u>	
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>10</u>		(Year) <u>1951</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>Nov 25 1877</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Spencer Co. Ind.</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>	
13a. FATHER'S NAME <u>George Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Farmer</u>		14. NAME OF HUSBAND OR WIFE <u>#####</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>N No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ida Pearl Brown Greenwood Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular Renal</u>		ANTECEDENT CAUSES				5 yr	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Disease</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				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) <u>442 X</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 <u>12-1-50</u> , 19____, to <u>12-10-51</u> , 19____, that I last saw the deceased alive on <u>2:35 PM 1951</u> , and that death occurred at <u>2:35 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Clint Rhodes MD</u> (Degree or title)				23b. ADDRESS <u>Lee Summit Mo</u>		23c. DATE SIGNED <u>12-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12/10/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>De Witt Home</u>		24d. LOCATION (City, town, or county) (State) <u>De Witt Ark</u>	
DATE REC'D BY LOCAL REG. <u>Dec 11-51</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u> <u>453</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>East Funeral Home</u> ADDRESS <u>De Witt Ark</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

M. B. Langford

Licensed Embalmer No. 3833

Signed _____
Student Embalmer

P. O. Address Lee's Summit 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.