

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41511**  
**5288**

FILED JAN 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY **Jackson**  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**  
c. LENGTH OF STAY (In this place) **3 mo.**  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **711 West Gregory Blvd.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Jackson**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**  
d. STREET ADDRESS (If rural, give location) **711 West Gregory Blvd.**

3. NAME OF DECEASED  
a. (First) **FRED** b. (Middle) **G.** c. (Last) **BROWN**

4. DATE OF DEATH **DEC. 8, 1951**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed**

8. DATE OF BIRTH **Apr. 2, 1865**

9. AGE (In years last birthday) **86**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Railroad (Retired 22 yr)**

10b. KIND OF BUSINESS OR INDUSTRY **Transp. Dept.**

11. BIRTHPLACE (State or foreign country) **Burns, New York**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Brown**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Grace Hartley Brown (dec.)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **unknown**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Conner Tunstall 711 West Gregory**

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Gastric Hemorrhage**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Chronic Cardiac Decompensation 2 yrs**  
DUE TO (c) **Arteriosclerotic Heart Disease**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death **Generalized arteriosclerosis**

INTERVAL BETWEEN ONSET AND DEATH **12 hours**  
  
**4250**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 36**, to **Dec 8**, 19**51**, that I last saw the deceased  alive on **Dec 8**, 19**51**, and that death occurred at **11:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Carl R. Berr** (Degree or title) **M.D.**

23b. ADDRESS **934 1/2 E. 10th St. Kansas City, Mo.**

23c. DATE SIGNED **Dec 10, 1951**

24a. BURIAL CREMATION REMOVAL (Specify) **Burial**

24b. DATE **Dec. 11, 1951**

24c. NAME OF CEMETERY OR CREMATORY **Highland Park Cemetery**

24d. LOCATION (City, town, or county) (State) **Kansas City, Kansas**

DATE REC'D BY LOCAL REG. **12-10-51** REGISTRAR'S SIGNATURE **Sheraldine Holmes**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **The Nugent Funeral Home 1900 Central Ave.**

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

Miss 8227

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.....  
Student Embalmer

Signed Robert Emmet Sargent

Licensed Embalmer No. 3491

P. O. Address 1900 Central Ave K.C. 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.