

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1171

State File No.

FILED FEB 9 1952

192

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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| 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>4 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>715 INDIANA 3188</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>715 INDIANA</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>LENA</u> c. (Last) <u>BROWN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 11-1952</u> | | |
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| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>APRIL-1-1890</u> | | 9. AGE (In years last birthday) <u>61</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 1 HR. Hours Min. | |
|----------------------|--|-------------------------------|--|---|--|--------------------------------------|--|---|--|-----------------------------|--|---------------------------|--|

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| 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 <u>AT HOME</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
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|---------------------------------------|--|--|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>L.W. Bowman</u> | | | 13b. MOTHER'S MAIDEN NAME <u>ANNA ROBERTSON</u> | | | 14. NAME OF HUSBAND OR WIFE <u>John S. Brown</u> | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John K. Brown 715-INDIANA K.C.MO.</u> | | | |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(2) Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Myocardial Infarction</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>(1) Cerebral Hemiplegia - Myocardial</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>24 days</u> <u>2 years</u> <u>3 years</u> <u>334X</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | |
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| 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? | |
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22. I hereby certify that I attended the deceased from Feb 1, 1950, to Jan 11, 1952, that I last saw the deceased alive on Jan 11, 1952, and that death occurred at 1:55 a.m., from the causes and on the date stated above.

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|---|--|---|--|---------------------------------|--|
| 23a. SIGNATURE <u>C.W. Rose</u> (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>103 N. Edwards Kansas City MO</u> | | 23c. DATE SIGNED <u>1/12/52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u> | | 24b. DATE <u>JAN-14-1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>DOVER CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>DOVER Missouri</u> | |
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| DATE REC'D BY LOCAL REG. <u>1-14-52</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.H. Blackman & Son Inc. K.C.MO.</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BE 4191

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 James E. Hackleman
Licensed Embalmer No. 4573

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.