

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 66
Registrar's No. 66

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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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. LENGTH OF STAY (In this place) <u>33 yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>General Hospital No. 1</u> | | d. STREET ADDRESS (If rural, give location) <u>621 Myrtle</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> | b. (Middle) <u>J</u> | c. (Last) <u>Brown</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>1 5 52</u> |
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| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>12-20-76</u> | 9. AGE (In years last birthday) <u>75-</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 2 HRS. Hours | IF UNDER 15 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ASSEMBLER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Ford Motor Co</u> | 11. BIRTHPLACE (State or foreign country) <u>DeKalb, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Samuel Brown</u> | 13b. MOTHER'S MAIDEN NAME <u>Molly GARTEN</u> | 14. NAME OF HUSBAND OR WIFE <u>Wm. Thelma Reed K. C. Mo</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>U.W.1 Sp. Am 495-09-0269</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Thelma Brown K.C. Mo</u> | ADDRESS <u>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, asphyxia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic aortic & mitral stenosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4210</u> |
| | ANTECEDENT CAUSES DUE TO (b) <u>with cardiac hypertrophy</u> | | |
| | DUE TO (c) <u>pulmonary infarction</u> | | |
| 11. 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 checked="" type="checkbox"/> NO <input 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 Dec. 21, 1951, to Jan. 5, 1952, that I last saw the deceased alive on Jan. 5, 1952, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>B.I. Burns</u> | 23b. ADDRESS <u>24th & Cherry</u> | 23c. DATE SIGNED <u>1-5-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>1/9/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL</u> | 24d. LOCATION (City, town, or county) (State) <u>LEVEN WORTH KANS.</u> |
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| DATE REC'D BY LOCAL REG. <u>1-7-52</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>SHAIL FUNERAL HOME</u> | ADDRESS <u>K.C. Mo</u> |
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(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.....

J. P. Shurt

Licensed Embalmer No. 3621

P. O. Address W.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.