

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8285**
1428

FILED APR 5 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1428

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville 0541	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) LEE c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) March 26, 1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 24, 1881	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Calvin Brown		13b. MOTHER'S MAIDEN NAME Mary Fox	
14. NAME OF HUSBAND OR WIFE Urcle Brown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Urcle Brown, Higginsville, Missouri			

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) Peritonitis		DUCE TO (b) Ruptured Duodenal Ulcer			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUCE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Chronic myocarditis, Heart failure			5411
19a. DATE OF OPERATION 3-24-52	19b. MAJOR FINDINGS OF OPERATION Perforated Duodenal Ulcer			20. AUTOPSY? YES <input checked="" 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 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 **3-24-52**, 19**52**, to **3-26-52**, 19**52**, that I last saw the deceased alive on **3-25**, 19**52**, and that death occurred at **3:00** m., from the causes and on the date stated above.

23a. SIGNATURE W.W. Greene (Degree or title) MD		23b. ADDRESS 1103 Grand Kansas City		23c. DATE SIGNED 3-27-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/26/52		24c. NAME OF CEMETERY OR CREMATORY Higginsville, Missouri	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE, Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 3-27-52		REGISTRAR'S SIGNATURE Sheraldine Holmes			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.46
008
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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 _____

J. T. Crowell

Student Embalmer No. _____

working under my personal supervision.

Student *J. T. Crowell*

Student Embalmer

Signed _____

J. T. Allen

Licensed Embalmer No. *1415*

P. O. Address *H @ My*

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.