

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12026**

**FILED** MAY 5 - 1952

BIRTH NO. _____		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. <b>450</b>
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b> <b>0117</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>611 N. 11th Street</b>		d. STREET ADDRESS (If rural, give location) <b>611 N. 11th Street</b> <b>0</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nell</b>		b. (Middle)		c. (Last) <b>Brown</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>April 21, 1952</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 16, 1877</b>	9. AGE (In years last birthday) <b>74</b> 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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		11. BIRTHPLACE (State or foreign country) <b>Horton, Kansas.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>Daniel Hill</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Stone</b>		14. NAME OF HUSBAND OR WIFE <b>Edward Brown</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> *****		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elwood Brown St. Joseph, Mo.</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Left Hemiplegia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>  <b>1 yr.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) <b>334X</b>
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?
22. I hereby certify that I attended the deceased from <b>Oct 20, 1950</b> , to <b>Apr 21, 1952</b> , that I last saw the deceased alive on <b>Apr 20, 1952</b> , and that death occurred at <b>6:15 A. m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Dr. W. S. Tracy</b>		23b. ADDRESS <b>Dr. James P. Joseph, Mo.</b>		23c. DATE SIGNED <b>22 Apr 52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr. 23, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>				
DATE REC'D BY LOCAL REG. <b>April 29, 1952</b>		REGISTRAR'S SIGNATURE <b>Carl C. Casto</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter Reichhoffer St. Joseph, Mo</b>

(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.....\*\*\*\*

.....\*\*\*\*

.....\*\*\*\*

working under my personal supervision.

Student Embalmer No.....\*\*\*\* \*\*\*\*\*

Signed.....

*Raymond H. Marches*

Signed.....\*\*\*\* \*\*\*\*\*  
Student Embalmer

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.