

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16342**

FILED MAY 17 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2035

1. PLACE OF DEATH a. COUNTY JACKSON 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY GEARY 2150	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) RURAL - DWIGHT 8	
c. LENGTH OF STAY (in this place) 3 WEEKS		d. STREET ADDRESS (If rural, give location) R.R. #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			

3. NAME OF DECEASED a. (First) LULA b. (Middle) _____ c. (Last) BROWN			4. DATE OF DEATH (Month) (Day) (Year) MAY - 4 - 1952		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED!	
8. DATE OF BIRTH Sept. 14, 1879			9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
11. BIRTHPLACE (State or foreign country) Kansas /			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Fred Heidel		13b. MOTHER'S MAIDEN NAME Anna Bentley		14. NAME OF HUSBAND OR WIFE WILL M. 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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILL M. BROWN R.R. #1 DWIGHT, KANSAS	

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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure			DUE TO (b) Toxic Myocarditis			1 hr.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) Carcinoma of Rectosigmoid			Several days.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			Ulcer of Rectum.			154X

19a. DATE OF OPERATION 4/8/52		19b. MAJOR FINDINGS OF OPERATION Dissecting Carcinoma; Ulcer, Perforated Abscess.			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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 3-29, 1952, to 5-4, 1952, that I last saw the deceased alive on 5-4, 1952, and that death occurred at 11:25 P.m., from the causes and on the date stated above.

23a. SIGNATURE E. A. Wilkinson (Degree or title) M.D.		23b. ADDRESS 1332 Professional Bldg		23c. DATE SIGNED 5-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 13 BURIAL MAY 5 1952		24c. NAME OF CEMETERY OR CREMATORY ALTA VISTA KANSAS	

DATE REC'D BY LOCAL REG. 5-5-52		REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.H. Newcomer 1331 BRUSH CREEK KANSAS CITY MO.	
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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.

Student
Student Embalmer

Signed *Robert Ray*

Licensed Embalmer No. *4182*

P. O. Address *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.