

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20363
2406

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

MADE JUL 5 1952
BIRTH NO. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
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 KANSAS CITY, Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL MEDICAL CENTER		d. STREET ADDRESS (If rural, give location) 4007 BLUE RIDGE 0480	

3. NAME OF DECEASED (Type or Print)	a. (First) DALLAS	b. (Middle) LEE	c. (Last) BROWN	4. DATE OF DEATH (Month) (Day) (Year)	5 25 52
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5. SEX MA.	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN-8-1888	9. AGE (In years last birthday) 64	10. MONTHS 0	11. YEAR 0	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TURKEY CHICKENS	10b. KIND OF BUSINESS OR INDUSTRY FOR SELF	11. BIRTHPLACE (State or foreign country) SCOTLAND COUNTY MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME SAMUEL BROWN	13b. MOTHER'S MAIDEN NAME ANNETTA B. BOONE	14. NAME OF HUSBAND OR WIFE MRS STELLA L. BROWN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 487-05-3292	17. INFORMANT'S SIGNATURE OR NAME MRS STELLA L. BROWN	ADDRESS 4007 BLUE RIDGE KANSAS CITY, MO.
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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, asthma, 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 Myocardial Infarction		4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple Terminal Artery Infarction of Lungs & Brain		4 days
DUE TO (c) Ventricular Tachycardia		4 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema, acute salivary gland infection, congestive circulation failure 1 month.			

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)	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 **4-30**, 19**52**, to **5-25**, 19**52**, that I last saw the deceased alive on **5-25**, 19**52** and that death occurred at **8:15** A.M., from the causes and on the date stated above.

23a. SIGNATURE Graham Asher MD (Degree or title)	23b. ADDRESS 1220 Professional Bldg Kansas City 6 Mo	23c. DATE SIGNED 5-26-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 27 1952	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 5-27-52	REGISTRAR'S SIGNATURE Sheldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcome's Sons	ADDRESS 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K.C. 4 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.