

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26936

State File No. \_\_\_\_\_

JUL 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <i>Vernon 1080 2</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Washburnship</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>3518 Kansas City 1</i>	
c. LENGTH OF STAY (In this place) <i>2 1/2 mo 14 d</i>		d. STREET ADDRESS (If rural, give location) <i>3718 Walnut</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital 3</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>ANDREW</i>	b. (Middle) <i>- JOSEPH-</i>	c. (Last) <i>BROWN</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>July 23, 1952</i>
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>divorced 7</i>	8. DATE OF BIRTH <i>Oct 21, 1903</i>	9. AGE (In years last birthday) <i>48</i>	if under 1 year: Months <i>9</i> Days <i>2</i>	if under 2 hrs. Hours <i>-</i> Min. <i>-</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>J. Journalist</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Salida Colorado</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Calvin Golden Brown</i>	13b. MOTHER'S MAIDEN NAME <i>Adah Dicie McCulloch</i>	14. NAME OF HUSBAND OR WIFE <i>Nada Flynn Brown</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no record</i>	16. SOCIAL SECURITY NO. <i>7-186-05-469</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Records State Hosp 3 Nevada Mo</i>	ADDRESS <i>Nevada Mo</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebro-spinal Meningitis</i>		
	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS.		<i>Dementia Praecox Paranoid type</i>	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <i>none</i>	19b. MAJOR FINDINGS OF OPERATION <i>none</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>No</i>	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 *July 9, 1949*, to *July 23, 1952*, that I last saw the deceased alive on *July 23, 1952*, and that death occurred at *8:35 A. M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Paul L. Barone M.D.</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>State Hospital 3 - Nevada Mo</i>	23c. DATE SIGNED <i>July 23 1952</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>7-23-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Stony Point Cemetery Platt City, Mo</i>	24d. LOCATION (City, town, or county) (State) <i>Platt City, Mo</i>
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DATE REC'D BY LOCAL REG. <i>7-24-52</i>	REGISTRAR'S SIGNATURE <i>(MMA) E. Ferry</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Allen D. Hays</i>	ADDRESS <i>Nevada Mo</i>
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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 Allen S. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.