

300  
48

FILED DEC 15 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38218

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>23</u>		PRIMARY REG. DIST. NO. <u>4034</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hume</u>		c. LENGTH OF STAY (in this place) <u>about 3 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hume</u>		0070		
d. FULL NAME OF HOSPITAL OR INSTITUTION --				d. STREET ADDRESS (If rural, give location) --				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roscoe</u>			b. (Middle) <u>Walter</u>		c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 13 1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan'y 8 1896</u>		9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 24 HRS. Hours <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>package liquor store operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>store operator</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Walter Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Mieth</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Brown</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>X Mrs Anna Brown</u>		ADDRESS <u>Hume Missouri</u>		
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) <u>Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Coronary sclerosis</u>			<u>7</u>	
				DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Bronchiectasis</u>			<u>16 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 <u>June</u> , 195 <u>7</u> , to <u>Dec 13</u> , 195 <u>3</u> , that I last saw the deceased alive on <u>Dec 12</u> , 195 <u>3</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Fred Edmunds DO. 2</u>			23b. ADDRESS <u>Pleasanton, Kansas</u>			23c. DATE SIGNED <u>12/14/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec 14 1953</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Sioux City Sioux Iowa</u>		
DATE REC'D BY LOCAL REG. <u>12-13-1953</u>		REGISTRAR'S SIGNATURE <u>Gerrit H. Martin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>TORNEDEN FUNERAL HOME</u>		ADDRESS <u>PLEASANTON KANSAS</u>		

(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, CCBY

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Earl W. Hornedon*

Licensed Embalmer No. 3587

P. O. Address Pleasanton Kansas

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.