

## STANDARD CERTIFICATE OF DEATH

38488

State File No. ....

FILED NOV 23 1953

BIRTH NO. .... REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 167

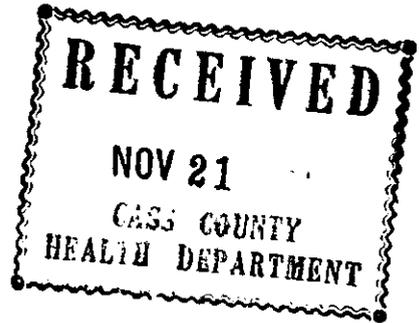
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>		c. LENGTH OF STAY (If this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Delan Twp 0190</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi S of Freeman</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>CLEVELAND</u> c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 19 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>Oct 3 1884</u>			
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cass Co. Mo.</u>		11. BIRTHPLACE (City and State, or Foreign Country) <u>Mo. U.S.A.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Shores</u>		14. NAME OF HUSBAND OR WIFE <u>Nelle A 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>Nelle A Brown</u> ADDRESS <u>White Mo</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				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage Cerebral</u>				ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Arteriosclerosis</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP <u>331X</u> (COUNTY) (STATE)					
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>Nov. 2, 1953</u> , to <u>Nov. 19, 1953</u> , that I last saw the deceased alive on <u>Nov. 18, 1953</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Deceased or title)				23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>20 Nov. 1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 20-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Freeman Mo</u>			
DATE REC'D BY LOCAL REG <u>Nov 20 1953</u>		REGISTRAR'S SIGNATURE <u>Dora Barward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wunnenburgers</u>		ADDRESS <u>Harrisonville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 James R. Phillips

Licensed Embalmer No. 4641

P. O. Address Harrisonville, 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.