

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14929**

FILED JUN 14 1954

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **590**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. LENGTH OF STAY (In this place) 3 Wks	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) R.# 5.	

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Nixey c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) June 7, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 25, 1879	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Self-employed		11. BIRTHPLACE (City and State or Foreign Country) Hamburg, Iowa.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Edward Brown		13b. MOTHER'S MAIDEN NAME Alice Elifrits		14. NAME OF HUSBAND OR WIFE Maude S. Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give grade, branch of service)		16. SOCIAL SECURITY NO. 491-10-5216		17. INFORMANT'S SIGNATURE OR NAME Mrs. A. O. Christenson ADDRESS #5 St. Joseph	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 5 Hours
	ANTECEDENT CAUSES DUE TO (b) Chronic Hypertension <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **Jan 6, 1954**, to **June 7, 1954**, that I last saw the deceased alive on **June 7, 1954**, and that death occurred at **2:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>A. O. Christenson</i> (Degree or title) D.O.		23b. ADDRESS 823 Faraon, St. Joseph, Mo.	23c. DATE SIGNED 6/8/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-10-54	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.

DATE REC'D BY LOCAL REG. June 10, 1954	REGISTRAR'S SIGNATURE Bethen M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE Mischerhoffer & Seeman, Inc. ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1951 7 10 NDR

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.....*** **
Signature of Student Embalmer

Signed.....*Elwood R. Hawing*.....
Licensed Embalmer No.. 3258..

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.