

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15770**
1887

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE KANSAS b. COUNTY WYANDOTTE					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 2 WEEKS		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MEMORAH MEDICAL CENTER				e. STREET ADDRESS (If rural, give location) 2706 SOUTH 38TH STREET					
3. NAME OF DECEASED (Type or Print) a. (First) Russell b. (Middle) ANDREW c. (Last) BROWN, SR.			4. DATE OF DEATH (Month) (Day) (Year) 4 26 54						
5. SEX D	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 14, 1897	9. AGE (In years last birthday) 56	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) EMPLOYMENT MGR.		10b. KIND OF BUSINESS OR INDUSTRY SWIFT + CO.		11. BIRTHPLACE (City and State or Foreign Country) LA CROIX, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME CHARLES THOS. BROWN		13b. MOTHER'S MAIDEN NAME DAISY PRUEWITT		14. NAME OF HUSBAND—OR WIFE CLARA BROWN					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 510-05-9333		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. CLARA BROWN 2706-S-38 K.C.K.S.					
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) Myocardia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic pyelonephritis & kidney DUE TO (c) Arterio-sclerotic heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anasarca-diabetes				INTERVAL BETWEEN ONSET AND DEATH 8 wks 2 yrs 5 yrs 2 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 1946 , to 4-24, 1954 , that I last saw the deceased <input checked="" type="checkbox"/> alive on 4-24, 1954 , and that death occurred at 10 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE E. L. Petty (Degree or title) MD				23b. ADDRESS 300 Argyle Bldg		23c. DATE SIGNED 4-26-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 27, 1954	24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEM.		24d. LOCATION (City, town, or county) (State) KANSAS CITY Mo.				
DATE REC'D BY LOCAL REG. 4-27-54		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Neumann		ADDRESS 1331 South Creek Law City, Mo.			

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.....
Signature of Student Embalmer

Signed *Robert Ray*.....

Licensed Embalmer No. *413*.....

P. O. Address *Kansas*.....

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.