

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED FEB 1 - 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>2 months</u>	c. CITY OR TOWN <u>KANSAS CITY Rural</u>	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. LUKES HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>7000 5532 BLUE RIDGE BLVD.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALMA</u>	b. (Middle) <u>MARTHA</u>	c. (Last) <u>BROWN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 8, 1955</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 15, 1894</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Co. OWNER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>W. W. BROWN MACHINE WORKS</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>GIRARD, KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>HENRY MUTCH</u>	13b. MOTHER'S MAIDEN NAME <u>AUGUSTA BELLIER</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM W. BROWN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>497-38-9110</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MR. WILLIAM W. BROWN</u>	ADDRESS <u>5532 BLUE RIDGE, KANSAS CITY, MO</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		<u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>carcinomatosis</u> DUE TO (c) <u>ovarian Carcinoma</u>		<u>8 mo</u> <u>1 year</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>175X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 Jan 1947, to 1-8, 1955, that I last saw the deceased alive on 1-8, 1955, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Shester E. Lee</u>	23b. ADDRESS <u>174 Plaza University KC Mo.</u>	23c. DATE SIGNED <u>1-9-55</u>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 10 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW GIRARD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>GIRARD KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>1-10-55</u>	REGISTRAR'S SIGNATURE <u>neva minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. J. Newcomer</u>	ADDRESS <u>1331 BROADWAY, KANSAS CITY, MISSOURI</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

VS
MAR 23 1980

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 A. Boyer*

Licensed Embalmer No. *489*

P. O. Address *K.C. 10,1*

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.