No. 300
10.48

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3941

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 163

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1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2625 Mulberry Street 0117 0

3. NAME OF DECEASED (Type or Print)
a. (First): Jay
b. (Middle): Willis
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): February 9, 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: December 21, 1872
9. AGE (In years last birthday): 82 — 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. Skilled Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Machine Shop
11. BIRTHPLACE (City and State or Foreign Country): Decatur, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Abraham Brown
13b. MOTHER'S MAIDEN NAME: Samantha Orr
14. NAME OF HUSBAND OR WIFE: Essia Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): *******
16. SOCIAL SECURITY NO.: 506-01-5982
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Fred J. Hoffman — ADDRESS: St. Joseph, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple abscesses of lung - left — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonitis
DUE TO (c) 492 X H

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
(1) carcinoma of prostate
(2) arteriosclerotic kidney disease — ?

19a. DATE OF OPERATION: Jan 7, 1955
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of prostate - resection of prostate
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 6, 1955, *to* Febr 9, 1955, *that I last saw the deceased alive on* Febr 9, 1955, *and that death occurred at* 7:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. E. Senor M.D.
23b. ADDRESS: St. Joseph Mo
23c. DATE SIGNED: Febr. 10 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Febr. 14, 1955
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Omaha, Nebraska.

DATE REC'D BY LOCAL REG.: Feb 14, 1955
REGISTRAR'S SIGNATURE: Esther M. Allison 485
25. FUNERAL DIRECTOR'S SIGNATURE: Meierhoffer - Flaeman Inc — ADDRESS: St. Joseph, Mo.

(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 emba

by me, or by ..... **** **** ....., Student Embalmer No.....***

working under my personal supervision..

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

Signed..Elbert R. Harrington...

Licensed Embalmer No...3258 M

P. O. Address....St. Joseph.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.