

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 9 1955

State File No. 5277

BIRTH NO.		REG. DIST. NO. 156	PRIMARY REG. DIST. NO. 2001	Registrar's No. 81	
1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Cherokee			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbus 8150			
c. LENGTH OF STAY (In this place) 18 days		d. STREET ADDRESS (If rural, give location) RR 4			
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital		4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1955			
3. NAME OF DECEASED (Type or Print) a. (First) ESTHER		b. (Middle) RAE		c. (Last) BROWN	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 14, 1891	9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Chehalis, Washington	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Kelley		13b. MOTHER'S MAIDEN NAME Eva Hunt	14. NAME OF HUSBAND OR WIFE R.P. 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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS R.P. Brown Columbus, Kans.		
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) Acidosis and uremia. ANTECEDENT CAUSES DUE TO (b) Pancreatic cyst. DUE TO (c) Cirrhosis of the liver. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5872			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 2-17-55	19b. MAJOR FINDINGS OF OPERATION 1. Partial pancreatectomy, splenectomy, cholecystectomy, and colostomy. Pancreatic cyst of the tail of the pancreas.			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) m.	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 2-17-1955, to 2-28-1955, that I last saw the deceased alive on 2-27-1955, and that death occurred at 3:45 a.m., from the causes and on the date stated above.					
23a. SIGNATURE Vigil E. Johnson 138 (Degree or title)		23b. ADDRESS 1st National Bldg., Joplin, Mo.		23c. DATE SIGNED 3-1-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 2, 1955	24c. NAME OF CEMETERY OR CREMATORY Green Lawn	24d. LOCATION (City, town, or county) (State) Cherokee County, Kansas		
DATE REC'D BY LOCAL REG. 3-3-55	REGISTRAR'S SIGNATURE James	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. J. Jordan Columbus, Kans.			

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 23-3-121
Date Filed MAR 7 - 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Steve Parker

Signed.....
Student Embalmer

Licensed Embalmer No. 25148

P. O. Address Johns

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.