

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11813**
Registrar's No. **1527**

FILED APR 28 1955

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 11 years	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 HOSPITAL OR INSTITUTION General Hospital #2			e. STREET ADDRESS (If rural, give location) 1415 Harrison Avenue 3278		
3. NAME OF DECEASED a. (First) Mamie (Type or Print)		b. (Middle)	c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) 4 2 1955	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 22-1898	9. AGE (In years last birthday) 56 5/6	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Ft. Worth Texas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Bob Jackson		13b. MOTHER'S MAIDEN NAME Vida Mc Haley		14. NAME OF HUSBAND OR WIFE Henry Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY (If yes, give war or dates of service) 495-076-8492	17. INFORMANT'S SIGNATURE OR NAME Henry Brown		ADDRESS 1415 Harrison K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe coronary arteriosclerosis with focal areas of myocardial fibrosis and necrosis.	INTERVAL BETWEEN ONSET AND DEATH	795- MEDICAL CERTIFICATION		
	ANTECEDENT CAUSES Atelectasis of left lung with broncho pneumonia.				
	DUE TO (b) _____				
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Atelectasis of left lung with broncho pneumonia.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) SUICIDE	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 11-14-54 , 19____, to 4-2-55 , 19____, that I last saw the deceased alive on 4-2-55 , 19____, and that death occurred at 5:05 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Frank Biers MD (Degree or title)			23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 4-4-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-6-55	24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Kansas		
DATE REC'D BY LOCAL REG. 4-6-55	REGISTRAR'S SIGNATURE Nora Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nathan W. Thatcher R.C.K.			

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 *Clifford J Wood*.....

Licensed Embalmer No. *3103*
P. O. Address *1520 Nc*

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.