

FILED NOV 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35857

| | | | | | | | |
|---|-------------------------------|--|-------------------------------------|---|----------------------------------|--|-----------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>4</u> | | PRIMARY REG. DIST. NO. <u>4014</u> | | Registrar's No. <u>7X</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>ATCHISON</u> | | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FAIRFAX</u> | | a. STATE <u>MISSOURI</u> | | b. COUNTY <u>ATCHISON</u> | |
| c. LENGTH OF STAY (in this place) | | d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FAIRFAX COM. HOSPITAL</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROCK PORT</u> | | d. STREET ADDRESS (If rural, give location) <u>NAME</u> | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | | | |
| a. (First) | b. (Middle) | c. (Last) | (Month) | (Day) | (Year) | | |
| <u>GRATZ</u> | <u>BROWN</u> | | <u>11</u> | <u>8</u> | <u>1955</u> | | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>12-9-1872</u> | | 9. AGE (to years last birthday) | 10. MONTHS | 11. DAYS |
| | | | | | <u>83</u> | <u>10</u> | <u>29</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/> | | 11. BIRTHPLACE (State or foreign country) <u>ATCHISON COUNTY, MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 13a. FATHER'S NAME <u>T.F. BROWN</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY TOLSON</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mrs Lillis Brown</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lillis Brown, Rock Port, Mo</u> | | | |
| 18. CAUSE OF DEATH | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> | | | | <u>7 days</u> | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | DUE TO (b) <u>Cerebral Arterio sclerosis</u> | | | | <u>5 years</u> | |
| | | DUE TO (c) <u>332X</u> | | | | | |
| 18. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>July 52, 19</u> , to <u>11-8-</u> , 1955, that I last saw the deceased alive on <u>11-8-</u> , 1955, and that death occurred at <u>9 a.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Wallace Carpenter</u> | | | 23b. ADDRESS <u>MO Rock Port MO</u> | | 23c. DATE SIGNED <u>11-10-55</u> | | |
| (Degree or title) | 23d. DATE | 24c. NAME OF CEMETERY OR CREMATORY <u>LINDEN CEM</u> | | 24d. LOCATION (City, town, or county) (State) <u>Rock Port MO</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | <u>11-11-1955</u> | | | | | | |
| DATE REC'D BY LOCAL REG <u>Nov 16, 1955</u> | | REGISTRAR'S SIGNATURE <u>Harmon A. Heister</u> | | 443-55 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Berthelmann Moring</u> | |
| | | | | | | ADDRESS <u>Rock Port Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Grat Barthelme

Licensed Embalmer No. 3173

P. O. Address Ross Post. M.

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.