

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37348**BIRTH NO. **22211-55** REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **105**

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. LENGTH OF STAY (in this place) 8 1/2 Mo.		c. CITY OR TOWN Lexington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Memorial Hospital		STREET ADDRESS (If rural, give location) 1841 Poplar		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Carolyn		b. (Middle) Lucille		c. (Last) Brown	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 29 1955		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH March 14, 1955		9. AGE (In years last birthday) 0 8 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME George Amos Brown		13b. MOTHER'S MAIDEN NAME Gladys Lucille O'Daniel	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. George A. Brown		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) acute circulatory failure		18. ADDRESS 1841 Poplar Lexington Mo	
MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Congenital heart disease		DUE TO (b)		INTERVAL BETWEEN ONSET AND DEATH 3 hours	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7544			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 Nov 29, 1955 , to Nov. 29, 1955 , that I last saw the deceased also on Nov 29 1955 , and that death occurred at 10 A m. , from the causes and on the date stated above.					
23a. SIGNATURE Ralphie Riley		(Degree or title) M.D. Lexington		23b. ADDRESS 12-1-55	
23c. DATE SIGNED		24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-1-55	
24c. NAME OF CEMETERY OR CREMATORY Meacheloh Cemetery		24d. LOCATION (City, town, or county) (State) Lexington Mo		DATE REC'D BY LOCAL REG. 12-3-55	
REGISTRAR'S SIGNATURE M. E. ...		25. FUNERAL DIRECTOR'S SIGNATURE Harold L. Walker		ADDRESS Lexington 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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harold L. Walker*

Licensed Embalmer No. *458*

P. O. Address *Lexington*

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.