

FILED APR 2 - 1956  
 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **8081**  
 Registrar's No. **329**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>329</b>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>62 Yrs</b>		c. CITY OR TOWN <b>St. Joseph</b>		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 <b>1120 Doniphan Ave.</b>				e. STREET ADDRESS (If rural, give location) <b>1120 Doniphan Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>			b. (Middle) <b>H.</b>		c. (Last) <b>Brown</b>		4. DATE OF DEATH <b>Found Dead</b> (Year) <b>Mar. 20, 1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Nov. 9, 1890</b>	9. AGE (In years last birthday) <b>65</b>	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) <b>Ret. (12) Upholster</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Furniture Repair</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Maryville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Andrew J. Brown</b>			13b. MOTHER'S MAIDEN NAME <b>Catherine Braniff</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>491-09-6929</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dan Cook 3024 Penn St. City</b>			
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.							INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonitis</b>							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>signed as an unattended</b>							
DUE TO (c) <b>death in the city of St. Joseph</b>							
II. 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 <b>492X</b>					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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I <del>attended</del> <sup>viewed</sup> the deceased from <b>3-20</b> , 19 <b>56</b> , to _____, 19____, that I <del>did</del> <sup>have seen</sup> saw the deceased alive on _____, 19____, and that death occurred at <b>2:00 P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Richard L. Maguire, M.D.</b>				23b. ADDRESS <b>Physician + Surgeon Bldg 216, City</b>		23c. DATE SIGNED <b>3-21-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 22, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Mar 23, 1956</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman Wm. Schindler</b>		ADDRESS <b>St. Joseph, Mo.</b>	

(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 Richard E. Nichols....., Student Embalmer No. 521..... working under my personal supervision..

Student: Richard E. Nichols  
Signature of Student Embalmer

Signed..... Robert D. Gyle.....  
Licensed Embalmer No. 3308

P. O. Address St. Joseph, Mo.

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