

FILED APR 9 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. 8477

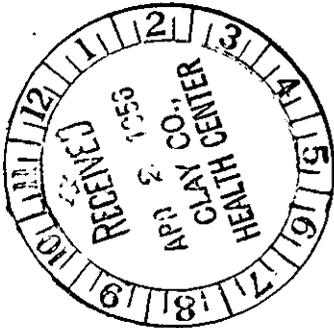
BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 4132 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holt</u>		c. LENGTH OF STAY (in this place) <u>years</u>	c. CITY OR TOWN <u>Holt</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			f. STREET ADDRESS (If rural, give location) <u>600th</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>A.</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 22 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>May 25-1868</u>	9. AGE (in years last birthday) <u>87</u>	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) <u>not occupied</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Care for someone</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>John Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Mellon</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lisanka Brown</u> ADDRESS <u>Holt Mo</u>		
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) <u>Aplastic Anemia</u>				INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	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 <u>2924</u>				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>Nov 15, 1955</u> to <u>Mar 22, 1956</u> , that I last saw the deceased alive on <u>Mar 21, 1956</u> , and that death occurred at <u>2 p.m.</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>L. L. Longfield M.D.</u> (Degree or title)			23b. ADDRESS <u>Lect. op. Mo</u>		23c. DATE SIGNED <u>3/23/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 23 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cem</u>	24d. LOCATION (City, town, or county) (State) <u>2 1/2 mi. E. Holt Mo.</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>March 26 1956</u>		REGISTRAR'S SIGNATURE <u>Nabele D. Rahau</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Leonard Fay</u> ADDRESS <u>Kearney Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

.300
.48



APR 18 1956

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..... *E. H. Wise*

Licensed Embalmer No. *257*

P. O. Address *Signature*

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.