.300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10155

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4421 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville
c. LENGTH OF STAY (In this place): 65
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1006 West Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Platte
c. CITY OR TOWN: Parkville
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): ~~1006 West Street~~ 0830

3. NAME OF DECEASED (Type or Print)
a. (First): ~~Mrs.~~ Annie
b. (Middle):
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): April 5, 1956

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Sept. 9, 1882
9. AGE (In years last birthday): 73 yrs. 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): At home
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Nashua, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: James Lewis
13b. MOTHER'S MAIDEN NAME: Eliza Young
14. NAME OF HUSBAND OR WIFE: ~~Charles Brown~~
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 488-36-6182
17. INFORMANT'S SIGNATURE OR NAME: Marion Brown
ADDRESS: 1006 West Street

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis, cerebral — 5 yrs

DUE TO (c) Generalized arteriosclerosis — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331x
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 15, 1954, *to* Apr 5, 1956 *that I last saw the deceased alive on* Apr 5, 1956 *and that death occurred at* 8:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. C. Thurman
(Degree or title): MD
23b. ADDRESS: 11 E 1st Parkville Mo
23c. DATE SIGNED: 4-4-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 8, 1956
24c. NAME OF CEMETERY OR CREMATORY: Parkville
24d. LOCATION (City, town, or county) (State): Parkville, Missouri

DATE REC'D BY LOCAL REG.: 4-5-1956
REGISTRAR'S SIGNATURE: Ophia Rollins
25. FUNERAL DIRECTOR'S SIGNATURE: Watkins Bros.
ADDRESS: 18th & Benton

(Licensed Embalmer's Statement on Reverse Side)

APR 1956
RECEIVED
PLATTE COUNTY
HEALTH DEPT
BY

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 45

P. O. Address 18th &

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