

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20418

State File No. \_\_\_\_\_

FILED JUL 5 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2631

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>25 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>		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) <u>EDWARD</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-13-1956</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>FEB-22-1896</u>
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN BUYER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Blue Springs, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN BUYER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LIVE STOCK COMMISSION</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>William BROWN</u>		13b. MOTHER'S MAIDEN NAME <u>COCA Tatum</u>	14. NAME OF HUSBAND-OR WIFE <u>Mrs. ANNA BROWN</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>488-36-1017</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Edward H. Wagner</u> ADDRESS <u>1330 E. 43rd St., C.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> 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. <u>Cirrhosis of liver</u>	
19a. DATE OF OPERATION <u>28/May '56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cerebral hemorrhage</u>	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 <u>July 1950</u> , to <u>13 June, 1956</u> , that I last saw the deceased alive on <u>12 June, 1956</u> , and that death occurred at <u>12:15 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. W. Gist</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1106 Grand, M.C. Mo.</u>	23c. DATE SIGNED <u>14 June 56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE-15-1956</u>	24c. NAME OF CEMETERY OR CREMATORY _____
24d. LOCATION (City, town, or county) (State) <u>BLUE SPRING'S MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u> ADDRESS <u>1331-BRUSH CREEK KANSAS CITY, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-15-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

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 *E. J. Seel*

Licensed Embalmer No. *486*

P. O. Address *Kansas*

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.