

FILED AUG 13 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22828  
State File No. \_\_\_\_\_  
Registrar's No. 846

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 846	
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>45 years</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>3123 N. 10th St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARGARET</b> b. (Middle) <b>P.</b> c. (Last) <b>BROWN</b>			4. DATE OF DEATH <b>August 2, 1956</b>				
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>December 25, 1906</b>	
9. AGE (In years last birthday) <b>49</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>Teacher</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Krug School</b>		11. BIRTHPLACE (City and State or Foreign Country) / <b>Cuyahoga Falls, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>George Patterson</b>			13b. MOTHER'S MAIDEN NAME <b>Maude Strong</b>		14. NAME OF HUSBAND OR WIFE <b>Donald E.</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>499-36-5196</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Donald E. Brown, 3123 N. 10th, St. Joseph, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis General - Severe.</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Original Site L. Breast</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <b>months</b>  <b>Several yrs</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		<b>170X</b>	
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 <b>7-25-1956</b> to <b>8-2-1956</b> , that I last saw the deceased alive on <b>8-2-1956</b> , and that death occurred at <b>4:10a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Robert M. Kieber, M.D.</b>				23b. ADDRESS <b>St. Joseph, Mo</b>		23c. DATE SIGNED <b>8-3-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 4, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt A uburn</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Aug 10, 1956</b>		REGISTRAR'S SIGNATURE <b>Edith M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Horton - Bowman</b>		ADDRESS <b>St Joseph Mo.</b>	

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 *James P. Hawkins*

Licensed Embalmer No. 4536

P. O. Address 319 S. 10th St.

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.