

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30619**  
**4085**

FILED OCT 3 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4085

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kansas City</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kansas City, Mo.</b>   |  |
| c. LENGTH OF STAY (in this place)<br><b>6 Months</b>                                       |  | d. STREET ADDRESS (If rural, give location)<br><b>710 5240 Brooklyn</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>5240 Brooklyn</b>                            |  |   |  |

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>STEPHEN</b><br>b. (Middle) <b>THEODORE</b><br>c. (Last) <b>BROWN</b> |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>Sept 18 1956</b> |  |  |
|--|--|--|---|--|--|

|                       |  |                                  |  |  |  |   |  |  |  |  |  |
|-----------------------|--|----------------------------------|--|--|--|---|--|--|--|--|--|
| 5. SEX<br><b>Male</b> |  | 6. COLOR OR RACE<br><b>White</b> |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> |  | 8. DATE OF BIRTH<br><b>Jan 10, 1881</b> |  | 9. AGE (in years last birthday)<br><b>71</b> |  | 10. IF UNDER 1 YEAR Hours<br>11. IF UNDER 24 HRS. Min. |  |
|-----------------------|--|----------------------------------|--|--|--|---|--|--|--|--|--|

|  |  |  |   |  |  |   |  |  |   |  |  |
|--|--|--|---|--|--|---|--|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Telegraph Operator</b> |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Milwaukee R. R.</b> |  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Mercer Co., Missouri</b> |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b> |  |  |
|--|--|--|---|--|--|---|--|--|---|--|--|

|  |  |  |   |  |  |  |  |  |
|--|--|--|---|--|--|--|--|--|
| 13a. FATHER'S NAME<br><b>John Thomas Brown</b> |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Emma Patterson</b> |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Anna C. Phillips Brown</b> |  |  |
|--|--|--|---|--|--|--|--|--|

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  | 16. SOCIAL SECURITY NO.<br><b>707-18-2133</b> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Martha Snider 5240 Brooklyn</b> |  |  |  |
|---|--|---|--|--|--|--|--|

|  |  |   |  |                         |  |                          |  |                                  |  |
|--|--|---|--|-------------------------|--|--------------------------|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION   |  |                         |  |                          |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)   |  | <b>Coronary atherosclerosis</b>   |  |                         |  |                          |  |                                  |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | II. OTHER SIGNIFICANT CONDITIONS  |  | DUE TO (b)              |  | <b>Chronic phlebitis</b> |  |                                  |  |
|  |  | DUE TO (c)  |  | <b>arteriosclerosis</b> |  |                          |  | 4201                             |  |
| 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 |  |  |  |  |  | 20. AUTOPSY?<br>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 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 4 months, to 9-18, 1956, that I last saw the deceased alive on 9-18, 1956, and that death occurred at a m., from the causes and on the date stated above.

|  |  |                                     |  |                                    |  |
|--|--|-------------------------------------|--|------------------------------------|--|
| 22a. SIGNATURE (Degree or title)<br><b>Hugh A. Gestring M.D.</b> |  | 22b. ADDRESS<br><b>1220 E. 31st</b> |  | 22c. DATE SIGNED<br><b>9-18-56</b> |  |
|--|--|-------------------------------------|--|------------------------------------|--|

|  |  |                           |  |  |  |   |  |
|--|--|---------------------------|--|--|--|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial &amp; Removal</b> |  | 23b. DATE<br><b>18-56</b> |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Brantley Cemetery</b> |  | 23d. LOCATION (City, town, or county) (State)<br><b>Newtown, Mo. Missouri</b> |  |
|--|--|---------------------------|--|--|--|---|--|

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG.<br><b>9-18-56</b> |  | REGISTRAR'S SIGNATURE<br><b>Reva Mitchell</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Melody-McGilley-Eylar 1800 E. Linwood</b> |  |
|--|--|---|--|--|--|

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD  
Hugh A. Gestring MD

*Dr. Hugh Keating  
1220 E 31st*

*201-6400*

*tel*

NOT 3  
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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_ *7999*

P. O. Address \_\_\_\_\_ *KS*

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 this body is not embalmed, fact should be so stated above.