

FILED NOV 15 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 33386

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4101 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Raymore Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill	
c. LENGTH OF STAY in this place 25 yrs		d. STREET ADDRESS (If rural, give location) Route 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 mi NE Raymore, Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Walter Nichol	c. (Last) Brown Sr.	4. DATE OF DEATH	(Month) 11	(Day) 1	(Year) 56
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 14, 1875	9. AGE (In years last birthday)	81	IF UNDER 1 YEAR	IF UNDER 1 MONTH	IF UNDER 1 DAY	IF UNDER 1 HOUR	IF UNDER 1 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Dairy	11. BIRTHPLACE (City and State or Foreign Country) Marietta, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William H. Brown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE deceased Mrs J.W.N. Brown Sr
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME J.W.N. Brown Jr. RFD#4	ADDRESS Pleasant Hill
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **10-6, 1954** to **10-31, 1956**, that I last saw the deceased alive on **10-30, 1956**, and that death occurred at **8 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	23b. ADDRESS Residence 244	23c. DATE SIGNED 11-2-56
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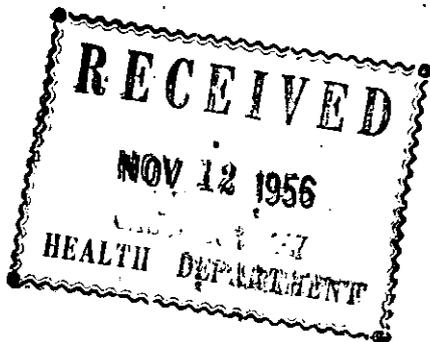
24a. BURIAL, CREMATION REMOVAL (Specify) Removal	24b. DATE 11-9-56	24c. NAME OF CEMETERY OR CREMATORY Marietta Cem	24d. LOCATION (City, town, or county) (State) Marietta, Ohio
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DATE REC'D BY LOCAL REG. Nov 3, 1956	REGISTRAR'S SIGNATURE Dora Darward	25. FUNERAL DIRECTOR'S SIGNATURE E.K. George & Sons Inc	ADDRESS Belton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

457
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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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton, Mo.

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.