

FILED NOV 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38383

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 494

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>Henry</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Raytown</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Windsor 0420</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9110 E 68<sup>th</sup> Terr. 11 days</u>			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>601 West Jackson</u>	
3. NAME OF DECEASED (Type or print) First <u>DORA</u> Middle <u>LEE</u> Last <u>BROWN</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>15</u> Year <u>1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec 10, 1893</u>	9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u> IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Michigan</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>J. W. Pennington</u>			14. MOTHER'S MAIDEN NAME <u>Mary F Bailey</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>70</u>	17. INFORMANT Address <u>J. R. Williams Raytown, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral vascular accident</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) <u>Congestive Heart Failure</u> <u>3 years</u>
					DUE TO (c) <u>Arteriosclerotic cardiovascular disease</u> <u>10 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u>10 PM</u> Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>12 Feb 1955</u> to <u>15 Nov 56</u> and last saw <u>her</u> alive on <u>12 Nov 56</u> Death occurred at <u>10 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Jack M Davis M.D.</u>			22b. ADDRESS <u>Raytown Mo</u>		22c. DATE SIGNED <u>16 Nov 56</u>
23a. BURIAL INFORMATION, REMOVAL (Specify)	23b. DATE <u>11-18-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calhoun</u>	23d. LOCATION (City, town, or county) (State) <u>Calhoun Missouri</u>		
24. FUNERAL DIRECTOR <u>SCHABERGER FUNERAL HOME</u>		ADDRESS <u>CLINTON Mall-18-56</u>	25. DATE RECD. BY LOCAL REG. <u>11-18-56</u>	26. REGISTRAR'S SIGNATURE <u>James Kelly</u>	

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 F. L. Schaberg

Licensed Embalmer No. 45

P. O. Address Clinton

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