FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021689
STATE FILE NUMBER

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Odessa — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Length of stay in Ib: 2 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1419 E 9th St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Grover Middle: C. Last: Brown

4. DATE OF DEATH Month Day Year: June 11, 1957

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Dec. 20, 1885 **9. AGE** (In years last birthday): 71 — 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): Salesman **10b. KIND OF BUSINESS OR INDUSTRY:**

11. BIRTHPLACE (City and state or country): Johnson Co, Mo. **12. CITIZEN OF WHAT COUNTRY?**

13. FATHER'S NAME: James B. Brown

14. MOTHER'S MAIDEN NAME: Pheobe Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 491-20-7244

17. INFORMANT: Lillian Brown, 1419 E, 9th St. Kansas City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Pulmonary Edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Myocarditis
DUE TO (c): Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4221

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **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 at time of death June 11 1957 and last saw her/him alive on June 11 1957
Death occurred at 1:15 p.m. on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE W E Martin (Degree or title) MD **22b. ADDRESS** Odessa Mo **22c. DATE SIGNED** 6-15-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** June 14, 1957 **23c. NAME OF CEMETERY OR CREMATORY:** Odessa Cemetery **23d. LOCATION** (City, town, or county) (State): Odessa, Mo.

24. FUNERAL DIRECTOR Husman-Sparks **ADDRESS** Odessa, Mo. Jerry L. Husman

25. DATE RECD. BY LOCAL REG. June 15, 1957 **26. REGISTRAR'S SIGNATURE** Emma Davidson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William T. Spe

Licensed Embalmer No. 4

P. O. Address Odess

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.