

FILED NOV 14 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4989

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		f. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		g. STREET ADDRESS 3787 Washington	
3. NAME OF DECEASED (Type or print) First MINOR Middle WILLIAM Last Brown		4. DATE OF DEATH Month 10 Day 25 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 26, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired salesman		10b. KIND OF BUSINESS OR INDUSTRY Real Estate & Insurance	11. BIRTHPLACE (City and state or country) Madison, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George Brown	
13b. MOTHER'S MAIDEN NAME Eliza Oemby		14. NAME OF HUSBAND OR WIFE --	
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. 382-10-7452	17. INFORMANT George Campbell Address Shelvina, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease Pending generalized arteriosclerosis DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. INTERVAL BETWEEN ONSET AND DEATH 4200
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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct. 25, 1957 to Oct. 25, 1957 and last saw ^{him} alive on Oct. 25, 1957 Death occurred at 7:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. B. Brown, M.D.</i>		22b. ADDRESS 24th & Cherry	
22c. DATE SIGNED 10-28-57		23a. NAME OF CEMETERY OR CREMATORY Madison Cemetery	
23b. DATE 10-28-57		23c. LOCATION (City, town, or county) (State) Madison, Missouri	
23d. BURIAL, CREMATION, REMOVAL (Specify) Removal		24. FUNERAL DIRECTOR Sheil Funeral Home Kansas City, Mo.	
25. DATE RECD. BY LOCAL REG. 10-28-57		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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

Licensed Embalmer No.

P. O. Address

VE-38-01

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.