

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004859  
STATE FILE NUMBER

FILED FEB 18 1950 Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 22

|  |                                  |   |   |   |   |
|--|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Clay</b>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Liberty</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Liberty</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>409 W. Franklin</b>  |                                  | Length of stay in 1b<br><b>6 months</b>   | d. STREET ADDRESS (If outside, give location)<br><b>312 W. Kansas</b>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Maggie</b> Middle <b>L</b> Last <b>Brown</b>   |                                  |   | 4. DATE OF DEATH<br>Month <b>February</b> Day <b>5</b> Year <b>1950</b>   |   |   |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Oct. 26, 1864</b>  | 9. AGE (In years last birthday)<br><b>94</b>          | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Pleasant Hill, Mo.</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |
| 13a. FATHER'S NAME<br><b>J. D. Lisle</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Betty Fisher</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Walter R. 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>none</b>  | 17. INFORMANT Address<br><b>Mrs. C. C. Cockrill Liberty, Mo.</b>  |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>  |                                  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 days</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |                                  |   |   |   |   |
| DUE TO (b) <b>Athero-sclerotic cerebrovascular disease</b>   |                                  |   |   |   | <b>10 yrs. or more</b>  |
| DUE TO (c) <b>Hypertensive cardio-vascular renal disease</b>   |                                  |   |   |   | <b>at least 10 yrs.</b>   |
| 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?<br>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<br>Hour <b>6:45</b> Month, Day, Year <b>1950</b><br>a.m. <b>a.</b> p.m.  |                                  |   |   |   |   |
| 20d. INJURY OCCURRED WHILE AT <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 <b>1950</b> to <b>2/5/59</b> and last saw her alive on <b>2/3/59</b><br>Death occurred at <b>6:45 a.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>L. O. Schroeder M.D.</b>  |                                  |   | 22b. ADDRESS<br><b>Liberty, Mo.</b>   |   | 22c. DATE SIGNED<br><b>2/6/59</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  |                                  | 23b. DATE   | 23c. NAME OF CEMETERY OR CREMATORY  |   | 23d. LOCATION (City, town, or county) (State)   |
| <b>removal</b>   |                                  | <b>2-7-59</b>   | <b>Pleasant Hill Cemetery</b>   |   | <b>Pleasant Hill, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>Tyler-Pasley Liberty, Missouri</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>2-9-59</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Habel Graham</b>  |   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 25 1959



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 *John Parley* .....

Licensed Embalmer No. *4308* .....

P. O. Address *Liberty, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.