

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

59-021848

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 144

**1. PLACE OF DEATH**  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie Inside Limits Yes  No   
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co. Hosp. Length of stay in lb 2 days  
**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Jackson  
 c. CITY OR TOWN Independence Inside Limits Yes  No   
 d. STREET ADDRESS 2540 Overton (If outside, give location) Reside on Form Yes  No

**3. NAME OF DECEASED** (Type or print) First Middle Last Brent Brown  
**4. DATE OF DEATH** Month Day Year June 15, 1959

**5. SEX** male **6. COLOR OR RACE** white **7. MARRIED**  NEVER MARRIED  WIDOWED  DIVORCED   
**8. DATE OF BIRTH** Nov. 4, 1878 **9. AGE** (In years less birthday) 80 **FUNDER 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) Painter & Paper Hanger **10b. KIND OF BUSINESS OR INDUSTRY** Contractor **11. BIRTHPLACE** (City and state or country) Indiana **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** William Brown **13b. MOTHER'S MAIDEN NAME** Leatha Ludlow **14. NAME OF HUSBAND OR WIFE** Alma Brown, deceased

**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** Marion Brown, 2540 Overton, Indep., Mo. Address

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)  
**PART I. DEATH WAS CAUSED BY:**  
 IMMEDIATE CAUSE (a) Arterio-sclerotic Heart disease  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized arterio-sclerosis  
 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. WAS AUTOPSY PERFORMED?** YES  NO  4200  
 INTERVAL BETWEEN ONSET AND DEATH

**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 Month, Day, Year a.m. p.m.

**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 6-13-59 to 6-15-59 and last saw her alive on 6-15-59  
 Death occurred at 10:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) Philip Hagen M.D. **22b. ADDRESS** 1st Summit, Mo **22c. DATE SIGNED** 6/16/59

**23a. BURIAL, CREMATION REMOVAL (Specify)** Burial **23b. DATE** 6-18-59 **23c. NAME OF CEMETERY OR CREMATORY** Harrisonville Cemetery **23d. LOCATION** (City, town, or county) (State) Harrisonville, Missouri

**24. FUNERAL DIRECTOR** ADDRESS Geo. C. Carson & Sons, Indep., Mo. **25. DATE RECD. BY LOCAL REG.** 6-17-59 **26. REGISTRAR'S SIGNATURE** Max Longford

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

183  
0

JUN 29 1959

Painter & Paper Hanger Contractor	William Brown	Leatha Ludwig	Alma Brown, deceased
no	no	None	Marion Brown, 2540 Overton, Indep., Mo.

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 *Raymond H. Brown*

Licensed Embalmer No. *4266*

P. O. Address *Independence*

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.