

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022943  
STATE FILE NUMBER

FILED JUL 15 1958

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 66

S. 300  
v. 1-57

0891

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

1. PLACE OF DEATH a. COUNTY <b>Ray</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Richmond</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>478 N. Thornton</b>		Length of stay in lb <b>30 years</b>	d. STREET ADDRESS (If outside, give location) <b>478 N. Thornton</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ELLIS</b> Middle <b>PEARL</b> Last <b>BROWN</b>			4. DATE OF DEATH Month <b>July</b> Day <b>8</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 12, 1878</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Camden, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>George E. Hockensmith</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Wainscott</b>		14. NAME OF HUSBAND OR WIFE <b>John F. Brown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT Address <b>John F. Brown, Richmond, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b>					<b>unknown</b>
DUE TO (c) _____					<b>331X</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? 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 if of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. 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. Attended the deceased from <b>May 16, 1954</b> to <b>July 8, 1958</b> and last saw her alive on <b>July 8, 1958</b> Death occurred at <b>7:50 a.m.</b> from the site stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Dr. M. Johnson</b> (Degree or title)			22b. ADDRESS <b>Richmond, Mo.</b>		22c. DATE SIGNED <b>7/9/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 10, 1958</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Lathrop Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Lathrop, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Thurman Funeral Home, Richmond, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>7-11-1958</b>	26. REGISTRAR'S SIGNATURE <b>Malcolm Jackson</b>	

RAY	Missouri	RAY
x	Richmond	x
x	178 W. Thornton	30 years
July 8, 1928	BROWN	ELLIS
August 12, 1928	Camden, Mo.	White
U.S.A.	John F. Brown	Housewife
	John F. Brown, Richmond, Mo.	George E. Hockenmuth
		None

JUL 16 1928  
 PUBLIC HEALTH DEPT.

JUN 1 1961

STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~xxxx~~....., Student Embalmer No. .... working under my personal supervision.

Student .....  
 Signature of Student Embalmer

Signed Tom L. Hurman.....

Licensed Embalmer No. 4563.....

P. O. Address Richmond, 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.

THURMAN FUNERAL HOME, RICHMOND, MO.