FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 6 1948

Registration District No. 198

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12336

Primary Registration District No. 3024

Registrar's No. 25

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hours (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Fayette
(If outside city or town limits, write "RURAL")
(d) Street No. ------
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Addie Dell Evans Brown

3. (b) If veteran, name war ------

3. (c) Social Security No. ---

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Harry E. Brown

6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased September (Month) 17, (Day) 1870 (Year)

8. AGE: Years 77 Months 6 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Boone County (City, town, or county), Missouri (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

FATHER
12. Name William Evans
13. Birthplace Boone Co. Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Linda Adams
15. Birthplace Boone Co. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. D. Scotten
(b) Address Fayette, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/48 (Month) (Day) (Year)
(c) Place: burial or cremation Boonesboro Cemetery

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri

19. (a) 4-24-1948 (Date received local registrar) (b) Dorothy Jens Sohrs (Registrar's signature) 11.04

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th year 1948 hour 11:55 minute P. M.

21. I hereby certify that I attended the deceased from April 14, 1948, to April 15, 1948; that I last saw her alive on April 15, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Intestinal Obstruction	1 day
Due to: Tumor in colon - Tappe unknown	?
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Wm J Shaw (M. D. or other) M.D.
Address Fayette Mo. Date signed 4-17-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 6
District File Number
Date Filed 5-5-48

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 Lloyd O. Jaspering, Registered Apprentice No. 461, working under my personal supervision.

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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 this body is not embalmed, fact should be so stated above.