

FILED FEB 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 129

BIRTH NO.		REG. DIST. NO. 32	PRIMARY REG. DIST. NO. 14043	Registrar's No. 5
1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Bollinger		
b. CITY (If outside corporate limits, write RURAL and give township) Marblehill		c. LENGTH OF STAY (In this place)		
d. FULL NAME OF HOSPITAL OR INSTITUTION Thomas M Brown		c. CITY (If outside corporate limits, write RURAL and give township) Marblehill		
3. NAME OF DECEASED a. (First) Thomas M b. (Middle) c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) 1-22-49		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 4, 1875	9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (State or foreign country) Bollinger Co. U	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME David Brown		13b. MOTHER'S MAIDEN NAME Stevens	14. NAME OF HUSBAND OR WIFE Anna Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ANNA BROWN Scopis,	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 2	
22. I hereby certify that I attended the deceased from 1/5/49, 19__ to 1/21/49, 19__, that I last saw the deceased alive on 1/21, 19 49, and that death occurred at ___ m., from the causes and on the date stated above.				
23a. SIGNATURE John Myers (Degree or title) Dr.		23b. ADDRESS Searsville Mo		23c. DATE SIGNED 1/24/49
24a. BURIAL (CREMATION) (Specify)		24b. DATE 1-24-49	24c. NAME OF CEMETERY OR CREMATORY COOK	24d. LOCATION (City, town, or county) (State) SCOPIS MO
DATE REC'D BY LOCAL REG. Jan 27, 1949		REGISTRAR'S SIGNATURE Millie Van Durburg		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BAKER FUNERAL HOME Litesville MO

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

RECEIVED

Dir. _____ Officer No. 4
Dir. _____ Number 249-1
Case No. 2-2-49

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
Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Va.

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.