

FILED MAR 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4142

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 74

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

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dexter</u>	
c. LENGTH OF STAY (in this place) <u>30 min</u>		d. STREET ADDRESS (If rural, give location) <u>15 N. Second</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie Pauline</u> b. (Middle) _____ c. (Last) <u>Brown</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 28 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 7 1903</u>	9. AGE (In years last birthday) <u>45</u>	10. MONTHS <u>3</u>	11. DAYS <u>21</u>	12. HOURS <u>1</u>	13. MIN. <u>1949</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS, OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Dexter Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charley Metcalf</u>	13b. MOTHER'S MAIDEN NAME <u>Daisy Creason</u>	14. NAME OF HUSBAND OR WIFE <u>James H. Brown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>James H. Brown</u>	ADDRESS <u>Dexter, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 hr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2317</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Dexter Stoddard Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>2-28 1949</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 2-28, 1949, to 2-28, 1949, that I last saw the deceased alive on 2-28, 1949, and that death occurred at 8:45pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S.S. Davis M.D.</u>	23b. ADDRESS <u>Dexter Mo</u>	23c. DATE SIGNED <u>3-1-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 2 49</u>	24c. NAME OF CEMETERY OR CREMATORY ( ) <u>Haggy Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dexter Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/4/49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Watkins Fun. Ser. Inc. Dexter, Mo.</u>
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RECEIVED

*Bath* County Health Office

District File Number 348-

Date Filed 3-8-

**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.

Signed.....

*Roman Steele*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2476

P. O. Address Wester 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.