

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8746

State File No.

FILED MAR 16 1949

Registrar's No. 79

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 4238	
1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buckner		c. LENGTH OF STAY (In this place) 8 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buckner	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home in Buckner			d. STREET ADDRESS (If rural, give location) Gen. Del.		
3. NAME OF DECEASED (Type or Print) Mary		a. (First) b. (Middle) Frances		c. (Last) Browns	
4. DATE OF DEATH March 3 1949		(Month) (Day) (Year)			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Dec. 26, 1859		9. AGE (In years last birthday) 89		10. IF UNDER 1 YEAR Months 2 Days 7 Hours 1 Min.	
11. BIRTHPLACE (State or foreign country) unknown		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Robert Barnhart		13b. MOTHER'S MAIDEN NAME Elizabeth Cainer		14. NAME OF HUSBAND OR WIFE Daniel Browns	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wallace Browns	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Regurgitation</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 89 yrs. DUE TO (c) ... II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4101			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒	
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) m. X		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? X	
22. I hereby certify that I attended the deceased from Feb 18, 1949, to Mar 3, 1949, that I last saw the deceased alive on Feb 28, 1949, and that death occurred at 12 m., from the causes and on the date stated above.					
23a. SIGNATURE J. H. Robertson (Degree or title) M.D.		23b. ADDRESS Buckner, Mo.		23c. DATE SIGNED 3-5-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 6, 1949		24c. NAME OF CEMETERY OR CREMATORY Buckner Jackson Mo.	
24d. LOCATION (City, town, or county) (State)		24e. DATE REC'D BY LOCAL REG. Mar. 6-1949		24f. REGISTRAR'S SIGNATURE	
24g. FURNAL DIRECTOR'S SIGNATURE		24h. ADDRESS		24i. SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Student Embalmer

Signed

Ralph C. Jones
Licensed Embalmer No. *4604*
P. O. Address *Buckner, 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.