

FILED MAY 12 1949

STANDARD CERTIFICATE OF DEATH

State File No. 11687

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

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <u>Callaway.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>	c. LENGTH OF STAY (in this place) <u>3yrs 3mo 15da.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Hewittia.</u>	<u>48</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 12.</u>		d. STREET ADDRESS (If rural, give location) <u>_____</u>	<u>0</u>
3. NAME OF DECEASED (Type or Print) <u>TERRIE</u>	a. (First) <u>OSSIE</u>	b. (Middle) <u>BROWN.</u>	c. (Last) <u>BROWN.</u>
4. DATE OF DEATH <u>5 2 1949</u>	(Month) (Day) (Year)	5. SEX <u>M. 2</u>	6. COLOR OR RACE <u>N.</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>5-9-1897</u>	9. AGE (in years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>_____</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Burel Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Ophelia Gorgou.</u>	14. NAME OF HUSBAND OR WIFE <u>D.R.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>D.K.</u>	16. SOCIAL SECURITY NO. <u>_____</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records, Fulton Mo</u>	
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) <u>Cardiac failure.</u> INTERVAL BETWEEN ONSET AND DEATH <u>days</u> ANTECEDENT CAUSES <u>acute meningitis encephalitis.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>025X</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 <u>5-1, 1949</u> to <u>5-2, 1949</u> , that I last saw the deceased alive on <u>3-2-49</u> , 19 <u>49</u> , and that death occurred at <u>10.45 AM.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>P. P. Rice M.D. P. Ferguson</u>		23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>5-2-49</u>
24a. BURIAL, CREMATION, OR REMOVAL FROM CEMETERY	24b. DATE <u>May 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Summit Slope</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo</u>
DATE REC'D BY LOCAL REG. <u>May 2-1949</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Carter</u>
		ADDRESS <u>Richmond Mo</u>	

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 11 1949

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 Thomas J. Carter
Licensed Embalmer No. 4474
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 this body is not embalmed, fact should be so stated above.