

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11742

March 16 1949

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

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cape Gir</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>35 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 1515 Bessie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	
		d. STREET ADDRESS (If rural, give location) <u>1515 Bessie</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Effie</u> b. (Middle) <u>Brown</u> c. (Last) <u>Hale</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 9-1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 16-1882</u>
9. AGE (In years last birthday) <u>67</u>	10a. USUAL OCCUPATION (Give kind of work demanding most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>
11. BIRTHPLACE (State or foreign country) <u>St Marys Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Julie Williams</u>	
14. NAME OF HUSBAND OR WIFE <u>Chas. Brown</u>		14. NAME OF HUSBAND OR WIFE <u>1940</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Keller</u>		ADDRESS <u>Cape Girardeau</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>T.B. Cystitis</u>	
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) (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>2-15-49</u> , 19 <u>49</u> , to <u>4-9-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4/9</u> , 19 <u>49</u> , and that death occurred at <u>2:15 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or Title) <u>Edmund H. ...</u>		23b. ADDRESS <u>Cape Girardeau</u>	
23c. DATE SIGNED <u>4/12/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-12-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Gir Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-13-1949</u>		REGISTRAR'S SIGNATURE <u>C.O. Summers</u>	
44		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe J. Howell</u>	
ADDRESS <u>Cape</u>			

RECEIVED

Sanitary Health Officer No. 4

Sanitary Health Officer No. 449-5

Sanitary Health Officer No. 4-18-4

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 Dr. W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.