

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15028

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

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5143</u>		Registrar's No. <u>179</u>	
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>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>3 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Morocco</u>				d. STREET ADDRESS (If rural, give location) <u>Morocco</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carnelios</u>		b. (Middle) _____		c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-6-1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Celoid</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>6-28-1904</u>	
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Dodge, Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sam Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Isabella Brown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Isabella Brown - R. 1, Brasley, B. 35</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>Malnutritive cause not determined.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>2865</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>4-1-</u> , 19 <u>48</u> to <u>5-6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-5</u> , 19 <u>49</u> , and that death occurred at <u>6:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Cyril A. But</u>				23b. ADDRESS <u>Poplar Bluff</u>		23c. DATE SIGNED <u>14 May 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-11-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morocco</u>		24d. LOCATION (City, town, or county) (State) <u>Butler County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 16 1949</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>R. G. B. Row</u>		ADDRESS <u>Poplar Bluff Mo.</u>	

MAY 23 REC'D

BUTLER COUNTY HEALTH CENTER

549-105

5-23-49

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.

Signed Fred J. Smith

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4408

P. O. Address Likentzen, N.C.

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.