No. 300
10.48

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16359

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5388 Registrar's No. 95

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Reeds # 1
c. LENGTH OF STAY (In this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Reeds Rt # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Jasper
b. COUNTY: Missouri
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Reeds # 1 - Sarcoxie Twp
d. STREET ADDRESS (If rural, give location): Reeds Rt # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Sigel
b. (Middle): Brown
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): May 16, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 26, 1863
9. AGE (In years last birthday): 86 — If under 1 year: Months 3, Days 20 — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret'd Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Jasper Co., Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Martin Brown
13b. MOTHER'S MAIDEN NAME: Matilda Linder
14. NAME OF HUSBAND OR WIFE: Harriet Chapman, (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Clay Brown, — ADDRESS: Reeds Rt # 1.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): 0

DUE TO (c): 0

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: 0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 0
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.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 19 40, *to* May 16, 19 49, *that I last saw the deceased alive on* 15 May'49, 19 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE N. E. Boyd M.D. (Degree or title)
23b. ADDRESS: Carthage Mo
23c. DATE SIGNED: 16 May'49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-19-49
24c. NAME OF CEMETERY OR CREMATORY: New Hope Cemetery
24d. LOCATION (City, town, or county) (State): N.E. Avilla, Mo.

DATE REC'D BY LOCAL REG.: May 18-1949
REGISTRAR'S SIGNATURE: L. B. Clinton, M.D. 139
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Ed. C. Ulmer, Carthage, Mo.

Pa. M. Ferguson (Licensed Embalmer's Statement on Reverse Side)

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

49-5-415

OCT 25 1954

SEP 6 1954

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 John S. Wenneke

Signed.....
Student Embalmer

Licensed Embalmer No. 41940

P. O. Address.....

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.