

16383

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 25 1949

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>5592</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY OR TOWN <u>JOACHIM TOWNSHIP</u>		c. LENGTH OF STAY (in this place) <u>1 YEAR</u>		c. CITY OR TOWN <u>RURAL JOACHIM TOWNSHIP</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR PEVELY MO</u>				d. STREET ADDRESS (If rural, give location) <u>NEAR PEVELY MO</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LUCY</u>		b. (Middle) <u>G.</u>		c. (Last) <u>BROWN</u>	
		4. DATE OF DEATH		(Month) (Day) (Year)		<u>MARCH 3 1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 21 1890</u>		9. AGE (in years last birthday) <u>58</u>	
						if UNDER 1 YEAR Months Days Hours Min. <u>9 11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WIFE</u>		11. BIRTHPLACE (State or foreign country) <u>MONROE CITY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>JAMES CHRISTY GENTRY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY DEMERIAS</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM F. BROWN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WILLIAM F. BROWN PEVELY 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardio vascular disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral accident</u>				<u>24 hours</u>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>331X</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) _____		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 _____, 19____, to <u>Mar-3</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:00 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Crystal City, Mo</u>		23c. DATE SIGNED <u>3/5/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 5 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SANDY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PEVELY MO</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 7 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		1421 25. FUNERAL DIRECTOR'S SIGNATURE <u>HEILIGTAG FUNERAL HOME</u>		ADDRESS <u>KIMMSWORTH MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED
District Health Officer No. 9,
District No. 1
MAY 24 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.

Signed *Elmer A. Halitag*

Signed _____
Student Embalmer

Licensed Embalmer No. *3571*

P. O. Address *Kimmswick, 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.