

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16878**

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 68	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville Rt. #1			
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville, General				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Virgil		b. (Middle) B		c. (Last) Brown	
4. DATE OF DEATH		(Month) 5		(Day) 19		(Year) 49	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-23-1880		9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pulaski County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Isah Brown		13b. MOTHER'S MAIDEN NAME Elizabeth Crossland		14. NAME OF HUSBAND OR WIFE Cora Emmeline Brown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Cora Brown Waynesville, Mo. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchitis with Bronchial pneumonia 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.				INTERVAL BETWEEN ONSET AND DEATH 52 1/2	
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) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 17, 1949 to May 19, 1949 , that I last saw the deceased alive on May 19, 1949 , and that death occurred at 5:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. R. L. Lyle		23b. ADDRESS Waynesville, Mo.		23c. DATE SIGNED 5-19-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/21/49		24c. NAME OF CEMETERY OR CREMATORY Waynesville Cemetery		24d. LOCATION (City, town, or county) (State) Waynesville, Missouri	
DATE REC'D BY LOCAL REG. May 27, 1949		REGISTRAR'S SIGNATURE Helena C Beck		FUNERAL DIRECTOR'S SIGNATURE Walter H. Hedges		ADDRESS Iberia, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Walter P. Hedges

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.