

FILED JUL 13 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

18544

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>6</u>	PRIMARY REG. DIST. NO. <u>4017</u>	Registrar's No. <u>26</u>
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farber</u>		c. LENGTH OF STAY (In this place) <u>YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farber</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) <u>Emmett Alexander Brown</u> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 13 1867</u>	9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>22</u> IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Section Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Louisiana Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Solomon Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Alsina Scanland</u>	14. NAME OF HUSBAND OR WIFE <u>Effie E Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Effie E Brown Farber Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a); (b), and (c) <u>Acute Myocarditis</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 day</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>		II. OTHER SIGNIFICANT CONDITIONS: <u>Malnutrition</u>		Interval: <u>6 mo.</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Infection of prostate and bladder</u>		Interval: <u>10 yrs</u>
DUE TO (b) _____		DUE TO (c) _____		Interval: <u>10 yrs</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>Dec</u> , 19 <u>48</u> , to <u>July 4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>JULY 4</u> , 19 <u>48</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>R. B. Paige, M.D.</u>		23b. ADDRESS <u>Ladsonia Mo.</u>		23c. DATE SIGNED <u>7-8-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 7 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Farber Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Farber Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 8 1949</u>		REGISTRAR'S SIGNATURE <u>J. Nalley Ferguson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.S. Waters Vandalia Mo</u>

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

RECEIVED
District Health Officer
District File Number 7-49
Date Filed JUL 1 2

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 _____

Licensed Embalmer No. _____

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.