

FILED JUL 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18903

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5239 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY CEDAR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CEDAR	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL LINN		c. CITY (If outside corporate limits, write RURAL and give township) RURAL LINN	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 7 MILES S. OF STOCKTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) E. c. (Last) BROWN			4. DATE OF DEATH (Month) (Day) (Year) JUNE 5, 1949		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH JULY 25, 1877		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days 10 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) STOCKTON, MO.	
				12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME HENRY P. WILLETT		13b. MOTHER'S MAIDEN NAME REBECCA WRENN		14. NAME OF HUSBAND OR WIFE ALFRED M. BROWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eva Marcum, Stockton, Mo	

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) Excitement at picnic		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) acute dilatative of heart DUE TO (c) mitral regurgitation			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		410A	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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) no		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? no	

22. I hereby certify that I attended the deceased from **6-5, 1949**, to **6-5, 1949**, that I last saw the deceased alive on **6-5, 1949**, and that death occurred at **2:50 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. O. 2		23b. ADDRESS Stockton, Mo.		23c. DATE SIGNED 6-6-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-7-1949		24c. NAME OF CEMETERY OR CREMATORY STOCKTON CITY	
24d. LOCATION (City, town, or county) (State) STOCKTON, MO.		DATE REC'D BY LOCAL REG. 6-24-1949		REGISTRAR'S SIGNATURE Geneva Garrison	
25. FUNERAL DIRECTOR'S SIGNATURE John A. Cantlon		ADDRESS Stockton, Mo.			

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

RECEIVED

District Health Officer No. 7;

District File Number 5-49-785

Date Filed 6-29-49

JS DEC 15 1959

JUL 7 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 John A. Cantlon
Licensed Embalmer No. 4387

Signed _____
Student Embalmer

P. O. Address Stockton, W.

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.