

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19295

FILED JUL 1 1949

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5422 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Harrison Sup</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Harrison Sup</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Fronton Mo. Route #6</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fronton Mo. Route #6</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LETTIE</u>	b. (Middle) <u>ELLEN</u>	c. (Last) <u>BROWN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 5 1949</u>
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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 6, 1871</u>	9. AGE (In years) (last birthday) <u>77</u> IF UNDER 1 YEAR (Months) (Days) <u>9 29</u> IF UNDER 48 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS (OR INDUSTRY) <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Grundy County Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Columbus Bice</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Hubbard</u>	14. NAME OF HUSBAND OR WIFE <u>A. Rennie Brown</u>
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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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>A/S Brown</u> ADDRESS <u>Fronton Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>do not know</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>154x</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 17, 1947 to April 5th, 1949, that I last saw the deceased alive on March 10th, 1949 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Oliver F. Duffly M.D.</u>	23b. ADDRESS <u>Fronton Mo.</u>	23c. DATE SIGNED <u>April 7, 1949</u>
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24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 7 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hutton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Grundy Co Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Apr 7 1949</u>	REGISTRAR'S SIGNATURE <u>Irene Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond A. Davis</u> ADDRESS <u>Fronton Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

UN 6 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 _____

Rollin L. Richardson

Student Embalmer No. *271*

working under my personal supervision.

Signed *[Signature]*
Student Embalmer

Signed *Walter E. Moyer*

Licensed Embalmer No. *44910*

P. O. Address *Jrenton, 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.