

FILED JUL 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20536

State File No.

BIRTH NO. _____ REC. DIST. NO. 179 PRIMARY REC. DIST. NO. 1937 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pike</u> <u>Mo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eolia</u> / <u>74 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eolia</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 Block N. Postoffice</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 Block North Postoffice</u> <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Orpha</u> b. (Middle) <u>Barton</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 23 1949</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 27, 1874</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Lincoln County Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>B.F. Barton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Stark</u>	14. NAME OF HUSBAND OR WIFE <u>Hannibal 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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ovid Brown Eolia, 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, 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> 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 <u>15 IX</u>			
19a. DATE OF OPERATION <u>Mar 1948</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Rectum</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>March</u> , 19 <u>49</u> , to <u>June 23</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 18</u> , 19 <u>49</u> , and that death occurred at <u>9:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. S. Hoeghe M.D.</u> (Degree or title)		23b. ADDRESS <u>N. Hitecside Mo</u>	23c. DATE SIGNED <u>6/23-1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Brial</u>	24b. DATE <u>June 26, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eolia</u>	24d. LOCATION (City, town, or county) (State) <u>Eolia Mo</u>
DATE REC'D BY LOCAL REG. <u>June 30, 1949.</u>	REGISTRAR'S SIGNATURE <u>NE Gooch Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mc Cue Hardware Co Eolia Mo</u>	

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

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JUL 2 1949

RECEIVED

District Health Officer No. 10

District File Number 7-49-12

Date Filed JUL 13 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.

Student
Student Embalmer

Signed Norman E. Gooch

Licensed Embalmer No. 2342

P. O. Address Edina 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.