No. 300
10-48

FILED JUN 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20539

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5969 Registrar's No. 44

83

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

1. PLACE OF DEATH
a. COUNTY: Platt
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weston (rural)
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. # 1, Weston,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan 11
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DeKalb, (Rural) Bloomington 0
d. STREET ADDRESS (If rural, give location): R.F.D. # 1,

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Sigel
c. (Last): Brown

4. DATE OF DEATH (Month) 5 (Day) 31 (Year) 1949

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 9-2-1861
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Buchanan Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Brown
13b. MOTHER'S MAIDEN NAME: Hermelia Berry
14. NAME OF HUSBAND OR WIFE: Rhoda Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Ben Pell, Weston, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the Stomach — INTERVAL BETWEEN ONSET AND DEATH: 10 mo

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. Arteriosclerosis — 15V

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): X
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): X m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 2, 1949, *to* May 30, 1949, *that I last saw the deceased alive on* May 25, 1949, *and that death occurred at* 2:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. J. Felling D.O. 2
23b. ADDRESS: Weston, Mo
23c. DATE SIGNED: 6-1-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Buriel
24b. DATE: 6/2/1949
24c. NAME OF CEMETERY OR CREMATORY: Sugar Creek Cemetery
24d. LOCATION (City, town, or county) (State): Rushville, Mo.

DATE REC'D BY LOCAL REG.: 6-1-49
REGISTRAR'S SIGNATURE: Ophia Rollins 257
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: John E. Rupp, St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 17
District Health Officer No. 8,
District File Number.....
Date Filed 6-17-49

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 E. Rupp

Signed.....
Student Embalmer

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.