

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26084**

BIRTH NO.		REG. DIST. NO. <u>38</u>	PRIMARY REG. DIST. NO. <u>3006</u>	Registrar's No. <u>216</u>
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>BOONE</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>		
b. CITY OR TOWN <u>COLUMBIA</u>		c. CITY OR TOWN <u>MT. VERNON</u>		
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELLIS-FISCHEL-STATE-CANCER-HOSP</u>				
3. NAME OF DECEASED			4. DATE OF DEATH	
a. (First) <u>WILLIAM</u> b. (Middle) <u>ROBERT</u> c. (Last) <u>BROWN</u>			(Month) (Day) (Year) <u>8 13 1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>
8. DATE OF BIRTH <u>2-22-1872</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Months <u>5</u> Days <u>22</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>EA. FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>MT. VERNON Mo. U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>-</u> 13b. MOTHER'S MAIDEN NAME <u>-</u> 14. NAME OF HUSBAND OR WIFE <u>Hospital Records</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u> ADDRESS <u>-</u>
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, Cecum</u>		Unknown
*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.		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS		
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute myocardial infarction 20 min</u>		
19a. DATE OF OPERATION <u>8-13-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Small Bowel obstruction - Carcinoma Cecum</u>		20. AUTOPSY? YES <input checked="" 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) (Min.)		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>11 Aug</u> , 19 <u>49</u> , to <u>13 Aug</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>13 Aug</u> , 19 <u>49</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>Jerry H. Allen Jr. M.D.</u>		23b. ADDRESS <u>Ellis Fischel Cancer Hosp.</u>		23c. DATE SIGNED <u>8-13-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/13/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Vernon</u>
24d. LOCATION (City, town, or county) (State) <u>Mt. Vernon Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lynnard Sprinkle</u> ADDRESS <u>Columbia</u>		
DATE REC'D BY LOCAL REG. <u>Aug 13 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u> 31		

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

RECEIVED
AUG 16 1949
District Health Officer No. 9,
District File Number

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, by

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lyman Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.