

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30856**

BIRTH NO. _____		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 4258		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY Knox b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina c. LENGTH OF STAY (In this place) 5 yrs. d. FULL NAME OF HOSPITAL OR INSTITUTION None				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY KNOX c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Marion		b. (Middle) Lee		c. (Last) Brown	
4. DATE OF DEATH		Month Sept. Day 18 Year 1949		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 12, 1865		9. AGE (In years last birthday) 84		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Clark County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Hiram Brown		13b. MOTHER'S MAIDEN NAME Catherine Stark		14. NAME OF HUSBAND OR WIFE Emma Nesbitt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 498-09-1884		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Catherine Kerfoot, Edina, 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) Brain Hemorrhage & Angina pectoris ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☐			
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) Edina Knox MO		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
22. I hereby certify that I attended the deceased from Sept 5 , 19 49 , to Sept 18 , 19 49 , that I last saw the deceased alive on Sept 15 , 19 49 , and that death occurred at 4 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. E. Luman M.D.				23b. ADDRESS Edina Mo		23c. DATE SIGNED Sept 18/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 20, 1949		24c. NAME OF CEMETERY OR CREMATORY Bluff Springs		24d. LOCATION (City, town, or county) (State) Clark County, Missouri	
DATE REC'D BY LOCAL REG. Sept-22-49		REGISTRAR'S SIGNATURE Nellie S. Hunsicker		25. FUNERAL DIRECTOR'S SIGNATURE H. Buckley Canton		ADDRESS Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 24 1949
District Health Officer No. 1
District File Number 9-49-16
Date Filed SEP 24 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

Earl H. Buckley

Signed
Student Embalmer

Licensed Embalmer No. 26V15

P. O. Address

Canton, 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.