

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33410**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **4163** Registrar's No. **98**

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jamesport</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jamesport</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>---</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>----</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Minnie</b>	b. (Middle) <b>Jane</b>	c. (Last) <b>Brown</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 7 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 3 1890</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>4</b>	IF UNDER 24 Hrs. Hours <b>---</b> Min. <b>---</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>Daviess County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William H. Doty</b>	13b. MOTHER'S MAIDEN NAME <b>Virginia McClung</b>	14. NAME OF HUSBAND OR WIFE <b>John R. Brown</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John R. Brown, Jamesport, Mo.</b>	ADDRESS <b>John R. Brown, Jamesport, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b>		
	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. <b>None</b>		4201	

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 **Oct 7th**, 19**49**, to **Oct 7th**, 19**49**, that I last saw the deceased alive on **Oct 7th**, 19**49**, and that death occurred at **4A** m., from the causes and on the date stated above.

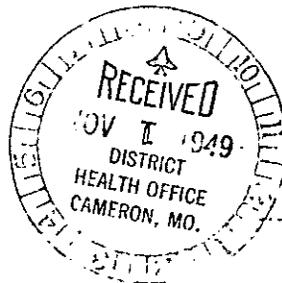
23a. SIGNATURE <b>Oliver F. Duffy M.D.</b>	(Degree or title)	23b. ADDRESS <b>Winton rd</b>	23c. DATE SIGNED <b>Oct. 1st 1949</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-9-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jamesport, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>19 Oct. 1949</b>	REGISTRAR'S SIGNATURE <b>Virginia M. Engelhardt</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hope Funeral Home</b>	ADDRESS <b>Gallatin, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 15 1958



**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed

*L. O. Pichesson*

Licensed Embalmer No. *3307*

P. O. Address *Gallatin, 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.