

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33460

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY OR TOWN <u>Union</u> (If rural, write RURAL and give township) c. LENGTH OF STAY (in this place) <u>Union Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Union Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Home</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) <u>Edna</u> b. (Middle) <u>May</u> c. (Last) <u>Brown King</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 15 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 15 1880</u>		9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR: Months <u>3</u> Days <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>W. E. Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Nicholson</u>		14. NAME OF HUSBAND OR WIFE <u>Joe King Campbell, Mo.</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>Joe King Campbell 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ 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>331X</u>	

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)	
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 Oct. 14, 1949, to Oct. 15, 1949, that I last saw the deceased alive on Oct. 15, 1949, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>N. J. Riddle M.D.</u>		23b. ADDRESS <u>Campbell Mo.</u>		23c. DATE SIGNED <u>10/15/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Campbell Mo.</u>			

DATE REC'D BY LOCAL REG. <u>10-17-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Beulah Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lanier Funeral Home Campbell Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 24  
District Health Office  
District File Number 1049  
Date Filed

**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 *Christina M. Landess*  
Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.