

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34440

FILED NOV 14 1949

State File No.

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHARLESTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHARLESTON</u>	
c. LENGTH OF STAY (In this place) <u>63 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>401 W. COMMERCIAL</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>401 W. COMMERCIAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u> b. (Middle) <u>ROSE</u> c. (Last) <u>BROWN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 26 1949</u>
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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>APRIL 23, 1886</u>	9. AGE (In years last birthday) <u>63</u>	10. UNDER 1 YEAR Months <u>6</u>	11. UNDER 2 WKS. Hours <u>3</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>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>CHARLESTON, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>LYNN BOYD WALLER</u>	13b. MOTHER'S MAIDEN NAME <u>CLARISSA COLE</u>	14. NAME OF HUSBAND, OR WIFE <u>AUDLEY FRANK BROWN</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>AUDLEY FRANK BROWN</u>	ADDRESS <u>CHARLESTON, MO</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		<u>10/22/49</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c)		<u>3/18/39</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility - old cereb. loss</u>		<u>3 7 1 X</u>	<u>1939</u>

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Mar 18, 1939, to Oct 26, 1949, that I last saw the deceased alive on Oct 25, 1949, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. Ph. Ralving M.D.</u>	23b. ADDRESS <u>Charleston, Mo.</u>	23c. DATE SIGNED <u>10-30-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT. 27, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CHARLESTON, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 2-49</u>	REGISTRAR'S SIGNATURE <u>Mr. John Bondurant</u>	194	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward E. Hummel</u>	ADDRESS <u>Charleston, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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RECEIVED

Miss. Co. Health De
County File No. _____

Filed NOV 10 194

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 Edward E. Amundson

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.