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

FILED NOV 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38111

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3848 Registrar's No. 259

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville
c. LENGTH OF STAY (In this place): 22 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Landfather Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Worth
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Allendale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Pearl
b. (Middle): Mae Brown
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): November 1 1949

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 11 18 1879
9. AGE (In years last birthday): 69 — If under 1 year: Months 11, Days 23 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: housewife
11. BIRTHPLACE (State or foreign country): Harrison County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Snethen
13b. MOTHER'S MAIDEN NAME: Clara Barker
14. NAME OF HUSBAND OR WIFE: Ed Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Ed Brown — ADDRESS: Allendale, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CIRRHOSIS OF THE LIVER — INTERVAL BETWEEN ONSET AND DEATH: 18 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____ — 58 Th

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. CYSTIC OVARY — 1 Yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAR 23, 1949, *to* NOV 1, 1949, *that I last saw the deceased alive on* NOV 1, 1949, *and that death occurred at* 7:10a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. L. Landfather M.D.
23b. ADDRESS: Maryville Mo
23c. DATE SIGNED: 11-3-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11-3-1949
24c. NAME OF CEMETERY OR CREMATORY: Grant City Cemetery
24d. LOCATION (City, town, or county) (State): Grant City, Mo.

DATE REC'D BY LOCAL REG.: 11-5-49
REGISTRAR'S SIGNATURE: Reno Holt 229
25. FUNERAL DIRECTOR'S SIGNATURE: Arch C. Dunfee — **ADDRESS**: Grant City Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 7 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Arch C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.