

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40518

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

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>5254</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRIPLETT RURAL</u>		c. LENGTH OF STAY (In this place) <u>40 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRIPLETT "RURAL"</u>		21	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4</u>				d. STREET ADDRESS (If rural, give location) <u>2 MI. WEST OF TRIPLETT</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUISA</u> b. (Middle) <u>LEE</u> c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-18-1949</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>4-4-1861</u>	
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>		11. BIRTHPLACE (State or foreign country) <u>SHELBY Co. Mo. N</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ANDREW M. WILLIAMS</u>		13b. MOTHER'S MAIDEN NAME <u>LUCINDA WRIGHT</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>XXXX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DEWEY BROWN TRIPLETT</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.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ENDOCARDITIS (CHRONIC)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>UNK</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				4214			
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>ANEMIA (UNCLASSIFIED)</u>				25 YRS			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <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 <u>APRIL 13, 1949</u> to <u>DEC 18, 1949</u> , that I last saw the deceased alive on <u>DEC 18, 1949</u> , and that death occurred at <u>7:20 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Rennett L. Rosecrance, D.O.</u>				23b. ADDRESS <u>TRIPLETT, MO</u>		23c. DATE SIGNED <u>12-20-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-20-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mc CULLOUGH</u>		24d. LOCATION (City, town, or county) (State) <u>TRIPLETT MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-20-49</u>		REGISTRAR'S SIGNATURE <u>Mildred Rosecrance</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. M. Rosecrance</u>		ADDRESS _____	

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RECEIVED

JAN 5

District Health Officer No. 8.

District File Number.....

Date Filed 1-11-50

JAN 14 1950

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 L. M. Weis

Signed.....  
Student Embalmer

Licensed Embalmer No. 823

P. O. Address Brensmeier

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.