

FILED JAN 13 1950

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

11823

Registration District No.

237

Primary Registration District No.

5820

Registrar's No.

21

## 1. PLACE OF DEATH:

- (a) County New Madrid  
 (b) City or town Rural Osceola  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
 (Specify whether \_\_\_\_\_)  
 In this community 30 year  
 years, months or days)

## 3. (a) PRINT FULL NAME

Marie Brown

(b) If veteran, name war

21

(c) Social Security No.

214

4. Sex Female 5. Color or race W  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Joe Patterson 6. (c) Age of husband or wife if alive 50 years  
 7. Birth date of deceased Feb 5 1917  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
32 hr. min.9. Birthplace Pallyson MO  
 (City, town, or county) (State or foreign country)10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Joe Patterson13. Birthplace Osceola MO  
 (City, town, or county) (State or foreign country)14. Maiden name Elizabeth15. Birthplace Osceola MO  
 (City, town, or county) (State or foreign country)16. (a) Informant Wilson Brown(b) Address Osceola MO17. (a) At Osceola (b) Date thereof 12-1-49  
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation At Osceola18. (a) Signature of funeral director William Finn Home(b) Address Osceola MO19. (a) 11-28-49 (b) Mrs. Byron Sharp  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County New Madrid  
 (c) City or town Osceola MO # 1, 12  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 21 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26  
 year 1949 hour 8:30 PM minute \_\_\_\_\_ A.M.21. I hereby certify that I attended the deceased from Nov 23 1949  
13, 1949 to Nov 26, 1949  
 that I last saw her alive on Nov 26, 1949  
 and that death occurred on the date and hour stated above.Immediate cause of death Aortic Regurgitation Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) NO  
 (b) Date of occurrence Nov 26 1949  
 (c) Where did injury occur? Osceola MO (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

- While at work? \_\_\_\_\_ (Specify type of place) (Means of injury)

23. Signature W. B. Sharp (M. D. or other) \_\_\_\_\_Address Osceola MO Date signed Nov 26 1949

(Licensed Embalmer's Statement of Reverse Side)

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

JAN 9 195  
RECEIVED  
District Health Office No.  
District File Number 150-0  
Date Filed

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Walter Marsh Watkins*

Licensed Embalmer No. *4717*

P. O. Address *Dexter, Mo.*

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

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