

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **42025**
 Registrar's No. **57**

FILED JAN 6 1950

REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **4411**

87
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) Bowling Green		c. CITY (If outside corporate limits, write RURAL and give township) Bowling Green	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			
3. NAME OF DECEASED (Type or Print) a. (First) Beas		b. (Middle) Cash	
c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) Dec 4 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug 24 1889
9. AGE (In years last birthday) 60		10. MONTHS 3 11. DAYS 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Frankford Mo		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME John Sam Cash		13b. MOTHER'S MAIDEN NAME Eva Ursell	
13c. NAME OF HUSBAND OR WIFE Elmer E Brown		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X	
15. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Colburn Brown Bowling Green Mo	
16. ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Coronary thrombosis	
18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. 'AUTOPSY?' YES <input type="checkbox"/> NO <input checked="" 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)		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 June 9 , 19 47 , to Dec 4 , 19 49 , that I last saw the deceased alive on Dec 4 , 19 49 , and that death occurred at 3 p. m., from the causes and on the date stated above.	
23a. SIGNATURE James B. Rygg M.D.		23b. ADDRESS Bowling Green Mo.	
23c. DATE SIGNED 12-10-49		24a. BURIAL CREMATION REMOVAL (Specify) Burial	
24b. DATE Dec 6 1949		24c. NAME OF CEMETERY OR CREMATORY Bowling Green	
24d. LOCATION (City, town, or county) (State) Bowling Green Mo		25. FUNERAL DIRECTOR'S SIGNATURE Worce Denshead Bowling Green Mo	
DATE REC'D BY LOCAL REG. 12-19-49		REGISTRAR'S SIGNATURE Bill Robinson	
25. ADDRESS		26. ADDRESS	

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JAN 1 1950
District Health Officer No. 1
District File Number /-58-3/
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Ronald C. Kunka*

Licensed Embalmer No. *4597*

P. O. Address *Baltimore, Md.*

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.