

FILED APR 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 44016

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>	
c. LENGTH OF STAY (In this place) <u>1 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>304 N. Elliott</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Lee</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-11-1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>	
8. DATE OF BIRTH <u>9-11-1949</u>		9. AGE (In years last birthday) <u>2</u>		10. IF UNDER 1 YEAR: Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>L</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>		11. BIRTHPLACE (State or foreign country) <u>Long View Wash.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>L</u>					

13a. FATHER'S NAME <u>Fred Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Tippery</u>		14. NAME OF HUSBAND OR WIFE <u>L</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>L</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred Brown</u> ADDRESS <u>Aurora 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>Cerebro-meningitis</u>		DUE TO (b) <u>His colitis</u>				2 day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)				3 day	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						5710	

19a. DATE OF OPERATION <u>No</u>		19b. MAJOR FINDINGS OF OPERATION <u>No</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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 10-10, 1949, to 11-11, 1949, that I last saw the deceased alive on 11-11, 1949 and that death occurred at 9:10 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. Stowan</u>		23b. ADDRESS <u>Aurora Mo.</u>		23c. DATE SIGNED <u>11/12/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-13-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Summit</u>		24d. LOCATION (City, town, or county) (State) <u>S. E. of Milba Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Apr. 18-50</u>		REGISTRAR'S SIGNATURE <u>Dra Mc Nat</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Morris - Lemon</u> ADDRESS <u>Milba Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED APR 22 1950

District Health Office No. 6,

District File Number 450-478

Date Filed 4-22-50

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 E. R. Seimon

Licensed Embalmer No. 3297

P. O. Address Miller 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.