

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED FEB 1 1950

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Lafayette</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		<u>0542</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>South 8th Street</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>LAURA</u>		b. (Middle) <u>W</u>		c. (Last) <u>BROWN</u>		(Month) (Day) (Year) <u>1-12-50</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Color</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Jan 1 - 1882</u>	
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		11. BIRTHPLACE (State or foreign country) <u>Johnson Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry West</u>		13b. MOTHER'S MAIDEN NAME <u>Carolina West</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Jackson Adams Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Cervix</u>				<u>4201</u>	
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 <u>19 Dec 49, 1949</u> , to <u>12 Jan, 1950</u> , that I last saw the deceased alive on <u>12 Jan, 1950</u> , and that death occurred at <u>7-A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Jew Wardlaw</u>				23b. ADDRESS <u>Lexington Mo</u>		23c. DATE SIGNED <u>13 Jan 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-26-50</u>		REGISTRAR'S SIGNATURE <u>Minna E. Sachlowski</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry R. Green</u>		ADDRESS <u>Lex. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-30-50

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 George Green

Licensed Embalmer No. 4220

P. O. Address Edgington, 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.