

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

1784

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5761 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PALMYRA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>208 NORTH ST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MAPLE LAWN REST HOME</u>		d. STREET ADDRESS (If rural, give location) <u>Hannibal Mo</u>	
3. NAME OF DECEASED a. (First) <u>HEARNE</u> b. (Middle) <u>J.</u> c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 15. 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>July 30 1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RISTINE</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>61</u> # UNDER 1 YEAR Months <u>5</u> Days <u>16</u> # UNDER 2 HRS. Hours <u></u> Min. <u></u>
11. BIRTHPLACE (State or foreign country) <u>Hannibal Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Chas. C. BROWN</u>		13b. MOTHER'S MAIDEN NAME <u>Mary H. JAYNES</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary H. BROWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr Chas Brown of Hannibal</u> ADDRESS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates elsewhere)		16. SOCIAL SECURITY NO.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Coma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetic Mellitus</u> DUE TO (c) 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 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>Jan 14</u> 1950, to <u>Jan 15</u> , 1950, that I last saw the deceased alive on <u>Jan 15</u> , 1950, and that death occurred at <u>4:40 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. H. Kauer, D.O.</u> (Degree or title)		23b. ADDRESS <u>Palmyra Mo.</u>	
23c. DATE SIGNED <u>1/16/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 17. 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-27-50</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Zuehl</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u>		ADDRESS <u>Hannibal</u>	

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

0641  
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0644  
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RECEIVED FEB 8 1950  
MARION O. HEALTH DEPT.  
DATE FILED FEB 8 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.

Student .....  
Student Embalmer

Signed: *M. J. Howell*.....

Licensed Embalmer No. *3246*.....

P. O. Address *Hannibal 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.