

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4230

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5240 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>CHRISTIAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CHRISTIAN</b>	
b. CITY OR TOWN <b>CHADWICK</b>		c. CITY OR TOWN <b>CHADWICK</b>	
c. LENGTH OF STAY (to this place) <b>36 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>SOUTH SIDE at home</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SOUTH SIDE at home</b>		e. DATE OF DEATH (Month) (Day) (Year) <b>2 2 1950</b>	
3. NAME OF DECEASED (Type or Print) <b>BIRDIE ELFLETTA BROWN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2 2 1950</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED 3</b>	8. DATE OF BIRTH <b>8-3-1873</b>
9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months Days	IF UNDER 18 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>ARKANSAS</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOHN CROSS</b>	
13b. MOTHER'S MAIDEN NAME <b>FRONA - UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>OLAUE BROWN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ADA HARRIS</b> ADDRESS <b>CHADWICK, MO.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of lungs</b>		DUPLICATE (b) <b>Carcinoma of urinary bladder 2 yrs</b>		<b>5-700 months</b>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>181X</b>

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) 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 June 30, 1949, to Feb 2, 1950, that I last saw the deceased alive on Feb 1, 1950, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. K. Farthing M.D.</b>	23b. ADDRESS <b>Orask Mo</b>	23c. DATE SIGNED <b>2-7-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-5-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CHADWICK CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>CHADWICK MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>Feb 28 50</b>	REGISTRAR'S SIGNATURE <b>Lillie Barron</b>	58	25. FUNERAL DIRECTOR'S SIGNATURE <b>John Alan Harris</b> ADDRESS <b>Cleves, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 4 1950  
District Health Office No. 6;  
District File Number 350-284  
Date Filed 3-4-50

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 John Alan Harris.....

Licensed Embalmer No. 4390.....

P. O. Address Cleveland, Ohio.....

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.