

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7339

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6166 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Missouri</u> <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Pierce</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>3hrs</u>		d. STREET ADDRESS (If rural, give location) <u>2330 Richer</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>3/4 Mile East of Crane</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ISAAC</u>	b. (Middle) <u>S.</u>	c. (Last) <u>BROWN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 9, 1950</u>
--	-------------------------	-----------------------	------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 6, 1889</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 11 HRS. Days <u>3</u>	Hours <u>3</u>	Min.
-----------------------	----------------------------------	---	---	---------------------------------	---------------------------------------	--------------------------------------	-------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cemetery</u>	11. BIRTHPLACE (State or foreign country) <u>Crane Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	---

13a. FATHER'S NAME <u>Dudley W. Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Martha J. Reavis</u>	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>500-09-3194</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Joe Elfert Joplin, Missouri</u>	ADDRESS
--	---	---	---------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 minutes</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular fibrillation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>auricular fibrillation</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 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) (Min)	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 Sept 9, 1950 to Sept 9, 1950, that I last saw the deceased alive on Sept 9, 1950, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Nemmach M.D.</u>	23b. ADDRESS <u>Crane Mo</u>	23c. DATE SIGNED <u>2-13-50</u>
---	---------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-11-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Feb. 13-50</u>	REGISTRAR'S SIGNATURE <u>Lena Murray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u>	ADDRESS <u>Webb City, Missouri</u>
---	---	--	---------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 1 1950  
District Health Office No. 6,  
District File Number 350-280  
Date Filed 3-1-50

---

---

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 H. Manlove.....

Licensed Embalmer No. 3827.....

P. O. Address Crane 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.