

FILED APR 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 7521

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>3001</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Vandalia</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Vandalia</u> <u>0041</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>318 North Main</u>				d. STREET ADDRESS (If rural, give location) <u>318 North Main</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Everett</u>		b. (Middle) <u>Woodson</u>		c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>27</u> , (Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 14, 1881</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>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Monuments</u>		11. BIRTHPLACE (State or foreign country) <u>Farber, Missouri</u> <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Thomas B. Brown</u>			13b. MOTHER'S MAIDEN NAME <u>Edith Carver</u>			14. NAME OF HUSBAND OR WIFE <u>Alice M. Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Spanish American None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alice M. Brown, Vandalia, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Boxer Rebellion and MEDICAL CERTIFICATION</u>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral terminal bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>		2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anterovascular heart disease</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, 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) <u>Arterovascular heart disease</u>		DUE TO (c) <u>Bilateral spasticity lower exts.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Years</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) 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 <u>3/24/50</u> , 19 <u>50</u> , to <u>3/27/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/27/50</u> , 19 <u>50</u> , and that death occurred at <u>9:50 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Evelyn Berline MD</u> (Degree or title)				23b. ADDRESS <u>Vandalia, Mo</u>		23c. DATE SIGNED <u>3/28/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 29, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3/29/1950</u>		REGISTRAR'S SIGNATURE <u>Mallie Truena</u>		UNIVERSITY DIRECTOR'S SIGNATURE <u>W. Waters</u>		ADDRESS <u>Vandalia, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 12 1950

RECEIVED APR 5 1950  
District Health Officer No. 10  
District File Number 4-30-2  
Date Filed APR 5 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 William B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.