

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

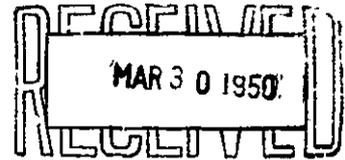
9418

State File No.

0510

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

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>4256</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Holden</u>)		c. LENGTH OF STAY (in this place) <u>57 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Holden, Missouri</u> <u>1510</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fifth Street, Holden, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Fifth Street.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Sarah</u>		b. (Middle) <u>Catherine</u>		c. (Last) <u>Hicks Brown</u>	
4. DATE OF DEATH		(Month) <u>Mar.</u>		(Day) <u>26,</u>		(Year) <u>1950</u>	
5. SEX <u>Female</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, 1860</u>	
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR <u>9</u> Months <u>20</u> Days		IF UNDER 4 HRS. <u>0</u> Hours <u>0</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Robert C. Brown, Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Brown, Holden, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> 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>Gen Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</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) (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 <u>3/22/50</u> to <u>3/26/50</u> , that I last saw the deceased alive on <u>3/25</u> , 19 <u>50</u> , and that death occurred at <u>3:00 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Kelly Drawlins M.D.</u>		(Degree or title)		23b. ADDRESS <u>Holden, Mo.</u>		23c. DATE SIGNED <u>3/28/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-28-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Holden, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>March 28, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. L. V. Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Williams Jr.</u>		ADDRESS <u>Clinton, Mo</u>	



JOHNSON COUNTY HEALTH DEPT.

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 *[Handwritten Signature]*.....

Licensed Embalmer No. 4510.....

P. O. Address Clinton, 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.