

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11794

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 121

1. PLACE OF DEATH  
a. COUNTY Adair  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Sullivan  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Newtown R.R. #2 1050  
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)  
a. (First) Dehha b. (Middle) M. c. (Last) BROWN

4. DATE OF DEATH (Month) (Day) (Year)  
May 3 1950

5. SEX F 6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
MARRIED

8. DATE OF BIRTH  
March 23 1877

9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.)  
73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Sullivan Co. Missouri

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
Fred Call

13b. MOTHER'S MAIDEN NAME  
MARIA Stout

14. NAME OF HUSBAND OR WIFE  
Edward J. BROWN

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.  
←

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Edward J. Brown Newtown, Mo

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) Coronary occlusion  
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.

INTERVAL BETWEEN ONSET AND DEATH  
?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

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)  
4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 12, 1950, to May 3, 1950, that I last saw the deceased alive on May 3, 1950, and that death occurred at 6:17 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
2 A.T. Rhoads D.O.

23b. ADDRESS  
Kirksville, Mo

23c. DATE SIGNED  
5-3-50

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

24b. DATE  
5-3-50

24c. NAME OF CEMETERY OR CREMATORY  
Newtown, Mo

24d. LOCATION (City, town, or county) (State)  
Newtown Mo

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE  
5-3-50 Kate Lambert

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Judd Payne Newtown, Mo

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

013  
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RECEIVED MAY 8 1958  
District Health Officer No. \_\_\_\_\_  
District File Number 5-50-7  
Date Filed \_\_\_\_\_

**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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirkville, 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.