No. 300
10-48

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11813

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5000 Registrar's No. 109

0010

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

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Kirksville
c. LENGTH OF STAY (in this place): 84 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Kirksville 0010
d. STREET ADDRESS (If rural, give location): R.F.D. #1

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle): Sahrilda
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): April 23, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 24, 1864
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 9, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Scuyler Co, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Louis Archer
13b. MOTHER'S MAIDEN NAME: Margaret Logsdon
14. NAME OF HUSBAND ~~OR WIFE~~: Garland Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Allen Hopper, Atlanta, Mo. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Degenerative heart disease	5 yrs.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Senility	
DUE TO (c)		4222
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Cholecystitis	2 yrs.

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): _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.
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* January 5, 1949, *to* April 23, 1950, *that I last saw the deceased alive on* April 23, 1950, *and that death occurred at* 1:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton T. Engfield M.D.
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 4/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-25-50
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Stukey Cemetery
24d. LOCATION (City, town, or county) (State): Millard, Mo.

DATE REC'D BY LOCAL REG.: 4-26-50
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Randolph Davis, Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 1 1950
District Health Office No. 1
District File Number
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, only

Student Embalmer No.

working under my personal supervision.

Signed Clarence M. Billo

Signed
Student Embalmer

Licensed Embalmer No. 9375

P. O. Address Kirksville, 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.