

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12430

State File No.

FILED MAY 6 1950

BIRTH NO. ... REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 42

0310

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

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gallatin</u>		c. LENGTH OF STAY (in this place) <u>33yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Gallatin</u>		d. STREET ADDRESS (If rural, give location) <u>0310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>---</u>		d. STREET ADDRESS (If rural, give location) <u>---</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Eleanor</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>March 27 1875</u>
9. AGE (In years last birthday) <u>75</u> if UNDER 1 YEAR <u>0</u> if UNDER 2 HRS. <u>17</u> Hours Min.		11. BIRTHPLACE (State or foreign country) <u>Harrison Co. Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Store</u>	
11. BIRTHPLACE (State or foreign country) <u>Harrison Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Scott</u>	
14. NAME OF HUSBAND OR WIFE <u>---</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>500-07-2619</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Anna Brown, Gallatin, 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>Congenital Heart Failure</u> ANTECEDENT CAUSES (b) <u>Myocarditis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>---</u> 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 <u>22 Mar</u> , 19 <u>50</u> , to <u>14 Apr</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>14 Apr</u> , 19 <u>50</u> , and that death occurred at <u>12:30A</u> m. from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Edward Curian M.D.</u>		23b. ADDRESS <u>Gallatin Mo</u>	
23c. DATE SIGNED <u>19 Apr 50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-16-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Scotland Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Daviess Co. Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home, Gallatin, Mo.</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>21 Apr. 1950</u>		REGISTRAR'S SIGNATURE <u>Virginia M. Engelhardt</u>	

(If used Embalmers' Statement on Reverse Side)

JAN 23 1951
AUG 8 1950

AUG 8 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: *W. Dickerson*
.....
Licensed Embalmer No. *3307*
P. O. Address: *Fallatio*

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.