

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **13584**

FILED APR 21 1950

BIRTH NO. _____		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 4258		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY KNOX				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY KNOX			
b. CITY (If outside corporate limits, write RURAL and give township) EDINA-MO				c. CITY (If inside corporate limits, write RURAL and give township) RURAL-GREENSBURG TWP			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) 5 MI-MW-BARING MO			
3. NAME OF DECEASED (Type or Print) LAFAYETTE		a. (First)		b. (Middle) BROWN		c. (Last)	
4. DATE OF DEATH MARCH 31 1950		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH FEB. 15, 1871		9. AGE (In years last birthday) 79		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME DAVID BROWN		13b. MOTHER'S MAIDEN NAME SARAH KATHERINE IMELL		14. NAME OF HUSBAND OR WIFE BERTHA BRIEDWELL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N.		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME DAVID BROWN		ADDRESS BARING 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) Cancer of prostate 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 177X					
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) Edina (COUNTY) Knox (STATE) MO			
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 March 16, 1950 , to March 31, 1950 , that I last saw the deceased alive on March 31, 1950 , and that death occurred at 10:55 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) v				23b. ADDRESS Edina		23c. DATE SIGNED 3/31-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/2-1950		24c. NAME OF CEMETERY OR CREMATORY PLEASANT RIDGE		24d. LOCATION (City, town, or county) (State) 5 MI-WEST-GREENSBURG MO	
DATE REC'D BY LOCAL REG. Apr-4-1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Hurdland Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 14 1950
District Health Officer
District File Number 4-50
Date Filed APR 14 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

Geo B Easley Jr

Licensed Embalmer No.

3755

P. O. Address

Hurdland 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.