No. 300
10-48

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

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15609

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4501 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: Stone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crane
c. LENGTH OF STAY (in this place): 27 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Calif.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Scotia City. 8040
d. STREET ADDRESS (If rural, give location): 8

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

4. DATE OF DEATH: (Month) April (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: Aug 31, 1903

9. AGE (If years last birthday): 46 IF UNDER 1 YEAR Months: 7 Days: 9 IF UNDER 24 HRS. Hours: Min.:

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

10b. KIND OF BUSINESS OR INDUSTRY: Labor

11. BIRTHPLACE (State or foreign country): Crane Mo. 0

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

13a. FATHER'S NAME: Faith McCallister

13b. MOTHER'S MAIDEN NAME: Cogue Brown

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Clarence Brantley Crane 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: Years 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ 44 27

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Influenza — 4 Weeks

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* Feb. 25, 1950, *to* April 10, 1950, *that I last saw the deceased alive on* April 10, 1950, *and that death occurred at* 1:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred L. Hemmesh M.D

23b. ADDRESS: Crane, Mo.

23c. DATE SIGNED: 4-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/13/50

24c. NAME OF CEMETERY OR CREMATORY: Mosaic

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

DATE REC'D BY LOCAL REG.: April 13-1950

REGISTRAR'S SIGNATURE: Lena Murray - Dep

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Grace H. Manlove - Crane, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 4 1950
District Health Office No. 6,
District File Number S50-536
Date Filed 5-5-50

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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Marionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.