

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15646

State File No.

BIRTH NO.		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>74</u>			
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>					
b. CITY OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (In this place) <u>6 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harwood Rural, Bacon</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M^c Cart Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>108th St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>J.</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) <u>May</u> (Day) <u>11</u> (Year) <u>1950</u>						
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 16, 1874</u>			
9. AGE (In years last birthday) <u>76 yrs.</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer ret.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Vernon Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Joseph S. Brown</u>			13b. MOTHER'S MAIDEN NAME <u>Lodicia Slade</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Ellen Brown</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>no.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leon Brown, Nevada, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiac vasculature - renal disease</u>				DUE TO (c) .				?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>42 X</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 <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>July 7, 1899</u> , to <u>May 11, 1950</u> , that I last saw the deceased alive on <u>May 10, 1950</u> , and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Raymond Pearson M.D.</u>				23b. ADDRESS <u>Worcester, Nevada, Mo.</u>		23c. DATE SIGNED <u>May 12, 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 12 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lefler Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harwood, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>May 12, 1950</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Hancock</u>		331		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis & Son</u>			
						ADDRESS <u>Shelby City, Mo.</u>			

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

RECEIVED 5-18-57
District Health Officer No. 71
District File Number 4-57-500
Date Filed 5-18-57

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 Marion M. Lewis
Licensed Embalmer No. 3084
P. O. Address Schell City, 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.