

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 17592

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 21

1. PLACE OF DEATH & COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, write RURAL and give township) NEW MADRID		c. CITY (If outside corporate limits, write RURAL and give township) NEW MADRID 0721	
c. LENGTH OF STAY (in this place) 249 days		d. STREET ADDRESS (If rural, give location) 741 SCOTT 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) EARL	a. (First)	b. (Middle)	c. (Last) BROWN	4. DATE OF DEATH MAY-19-50
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5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL-25-1885	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 11 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman	10b. KIND OF BUSINESS OR INDUSTRY Saw mill operator	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? KANSAS U. S. A.
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13a. FATHER'S NAME ROBERT F. BROWN	13b. MOTHER'S MAIDEN NAME SHANNON SPRINGS	14. NAME OF HUSBAND OR WIFE ALLIE BROWN
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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. 488-09-0605	17. INFORMANT'S SIGNATURE OR NAME ALLIE BROWN	ADDRESS NEW MADRID Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure		INTERVAL BETWEEN ONSET AND DEATH 24 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis		
	DUE TO (c) Hyper tensive Vascular Disease		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1947** to **19 May, 1950** that I last saw the deceased alive on **19 May, 1950**, and that death occurred at **5: P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Louis Smith	(Degree or title) M.D.	23b. ADDRESS New Madrid Mo.	23c. DATE SIGNED 20 May 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/19/50	24c. NAME OF CEMETERY OR CREMATORY Evergreen	24d. LOCATION (City, town, or county) (State) New Madrid Mo.
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DATE REC'D BY LOCAL REG. 5-24-50	REGISTRAR'S SIGNATURE Helene Louise Jones	25. FUNERAL DIRECTOR'S SIGNATURE Richard's Funeral	ADDRESS N. M.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 29 1950

District Health Office No. 2

District File Number 550-318

Date Filed _____

0381
JUN 7 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 *Donald L Roberts*

Licensed Embalmer No. *4722*

P. O. Address *New Madrid 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.