

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20976

State File No. _____

FILED JUL 13 1950

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5797 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Willow Fork		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Willow Fork 6680	
c. LENGTH OF STAY (In this place) most of life		d. STREET ADDRESS (If rural, give location) 3 1/2 Miles North Tipton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 1/2 Miles North Tipton		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)		a. (First) Mary		b. (Middle) Elizabeth		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) 7/1/50	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 8/19/1863		9. AGE (In years last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) -- Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Hugh Brown		13b. MOTHER'S MAIDEN NAME No record		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		18. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank Fewel, Clarksburg, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Deficiency		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis			
		DUE TO (c) Senility			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4570	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 19 40, to June, 19 50, that I last saw the deceased alive on June, 15, 19 50, and that death occurred at 8:15A m., from the causes and on the date stated above.

23a. SIGNATURE L. J. Potts M.D. (Degree or title)		23b. ADDRESS Tipton Mo		23c. DATE SIGNED 7-1-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/3/50		24c. NAME OF CEMETERY OR CREMATORY L.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Tipton, Mo.	
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DATE REC'D BY LOCAL REG. July 4, 1950		REGISTRAR'S SIGNATURE Mrs. Maude Hudson		FUNERAL DIRECTOR'S SIGNATURE Jessie L. Richards		ADDRESS Tipton, MO	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7/2/50
DISTRICT HEALTH OFFICE No. 3
District File Number -----
Date Filed 7/2/50 -----

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, OTW

Student Embalmer No. -----

working under my personal supervision.

Student -----
Student Embalmer

Signed James E. Richards

Licensed Embalmer No. 2466 -----

P. O. Address ----- Tipton ,

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.