

FILED SEP 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26466

331

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

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY OR TOWN <u>Salem</u>		c. CITY OR TOWN <u>Salem</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXX</u>		d. STREET ADDRESS (If rural, give location) <u>East 3rd</u>	
3. NAME OF DECEASED (Type or Print) <u>Lucinda Jane Brown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8/30/50</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>August 7/73</u>
9. AGE (In years last birthday) <u>77</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	
11. BIRTHPLACE (State or foreign country) <u>Phelps Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>Thomas Clayton</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Clayton</u>	
14. NAME OF HUSBAND OR WIFE <u>Dave Brown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>XXXX</u>		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Dave Brown</u>		ADDRESS <u>Salem Mo</u>	
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>Cancer of liver</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>" "</u> DUE TO (c) <u>" "</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
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) (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 <u>July 19 50</u> to <u>8-30-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-29</u> , 19 <u>50</u> and that death occurred at <u>2 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. D. ...</u>		23b. ADDRESS <u>2 A. Salem, Mo.</u>	
23c. DATE SIGNED <u>9-1-50</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/1/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Asher Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Near Salem Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-1-50</u>		REGISTRAR'S SIGNATURE <u>J. M. Hart</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl ...</u>		ADDRESS <u>Salem Mo</u>	

File No.

DISTRICT HEALTH OFFICE NO. 4

SEP - 4 1950

RECEIVED

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 Carl H. Spitzer

Licensed Embalmer No. 2370

P. O. Address Dalton, 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.