

FILED AUG 28 1950

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27823

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Humansville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Humansville</u>	
c. LENGTH OF STAY (In this place) <u>42 years</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Demmitt Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Emily</u>	
c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 13 50</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>1/20/1878</u>
9. AGE (In years last birthday) <u>72</u>		If UNDER 1 YEAR Months <u>6</u> Days <u>23</u>	If UNDER 4 HRS. Hours _____ Min. _____
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	11. BIRTHPLACE (State or foreign country) <u>Mass.</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Ensign Cash</u>	
13b. MOTHER'S MAIDEN NAME <u>Olive Cahoon</u>		14. NAME OF HUSBAND OR WIFE <u>Lewis M.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Milton Brown</u>		ADDRESS <u>Colo. Springs, Colo.</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>Myocardial Infarction</u> 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) <u>Coronary Artery Occlusion</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetic Acidosis</u>	
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 <u>Aug 11</u> , 19 <u>50</u> , to <u>Aug 13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Aug 13</u> , 19 <u>50</u> , and that death occurred at <u>4:25 P.M.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Donn G. Mosser M.D.</u>		23b. ADDRESS <u>Humansville Mo.</u>	
23c. DATE SIGNED <u>8-13-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8/16/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Humansville, Missouri</u>		DATE REC'D BY LOCAL REG. <u>Aug 15, 1950</u>	
REGISTRAR'S SIGNATURE <u>Ralph Jordan per</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Paul Jordan</u>	
ADDRESS <u>Humansville Mo</u>		ADDRESS <u>Humansville Mo</u>	

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

0840

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED AUG 23 1950

Dist. File 850-1021

Date Filed August 25-50

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Hammouville, 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.