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

FILED OCT 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29709

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Norborne Mo Egypt
c. LENGTH OF STAY (In this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cole Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Norborne 0170
d. STREET ADDRESS (If rural, give location): East Second Street

3. NAME OF DECEASED (Type or Print)
a. (First): Jake
b. (Middle): Fulton
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): Sept 25 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 2 - 1863.
9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Carroll County Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Hector Brown
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Falke
14. NAME OF HUSBAND OR WIFE: Gertude Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Mrs John F. Graham
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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) accidental fall — INTERVAL BETWEEN ONSET AND DEATH: 5 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) accidental fall due to Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Fall & Hypertension

19a. DATE OF OPERATION: /
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP): Norborne (COUNTY): Carroll (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9-16-1950 10 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell on street

22. *I hereby certify that I attended the deceased from* 9-22, 1950, *to* 9-25, 1950 *that I last saw the deceased alive on* 9-25, 1950 *and that death occurred at* 2-0 m., *from the causes and on the date stated above.*

23a. SIGNATURE: B. C. Cole (Degree or title): M.D.
23b. ADDRESS: Norborne Mo.
23c. DATE SIGNED: 9-26-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 27-1950
24c. NAME OF CEMETERY OR CREMATORY: Fairhaven Cemetery
24d. LOCATION (City, town, or county) (State): Norborne Mo

DATE REC'D BY LOCAL REG.: 9-27-1950
REGISTRAR'S SIGNATURE: Eileen Pennington
25. FUNERAL DIRECTOR'S SIGNATURE: John G Deetch
ADDRESS: Norborne M

(Licensed Embalmer's Statement on Reverse Side)

NOV 15 1950

RECEIVED
OCT 3 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

OCT 13 1950

RECEIVED
OCT 3 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed John G. Deitch Sr.

Licensed Embalmer No. 3654

P. O. Address Norborne Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.