

No. 300
10. 48

FILED OCT 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3131432

0680
1

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

BIRTH NO. _____		REG. DIST. NO. <u>219</u>		PRIMARY REG. DIST. NO. <u>5792</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Harrison</u>		c. LENGTH OF STAY (In this place) <u>4 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Harrison</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt # 1. Barnett, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Rt # 1. Barnett, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilson</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 24. 1883</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>1</u>	IF OVER 1 YEAR Years <u>1</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Christ Brown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Brown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Brown</u> ADDRESS <u>Barnett, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</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>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 years</u> <u>331X</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>July 15, 1948</u> , to <u>Sept 25, 1950</u> , that I last saw the deceased alive on <u>Sept 19, 1950</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Kenyon Latham M.D.</u>				23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>9-26-50</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 27. 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California, Mo</u>		
DATE REC'D BY LOCAL REG. <u>9/30/50</u>		REGISTRAR'S SIGNATURE <u>C. H. Yae 198</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>East of Boulder California</u>			

(Licensed Embalmer's Statement on Reverse Side)

110

RECEIVED 10-11-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-11-50

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT - 7 1950

RECEIVED

OCT 17 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 _____

Jack Howard Bowlin

working under my personal supervision.

Student Embalmer No. 392

Signed Jack Bowlin
Student Embalmer

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California

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.