

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31380

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 226	
1. PLACE OF DEATH a. COUNTY RANDOLPH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBERLY		c. LENGTH OF STAY (in this place) 4 WEEKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - JACKSON TWP.		1	
d. FULL NAME OF HOSPITAL OR INSTITUTION MC CORMICK HOSP.				d. STREET ADDRESS (If rural, give location) RFD 3, PARIS			
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR			b. (Middle) WOODS		c. (Last) BROWN		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 9, 1950
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN 7, 1867		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 8 Days 2	IF UNDER 48 HRS. Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM BROWN			13b. MOTHER'S MAIDEN NAME REBECCA SHEPARD		14. NAME OF HUSBAND OR WIFE LETTIE M. BROWN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gene B. Armer, MADISON, Mo.			
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) Hypostatic pneumonia ANTECEDENT CAUSES DUE TO (b) Fractured Ribs DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial degeneration					INTERVAL BETWEEN ONSET AND DEATH 2 days 27 days 10/24 25
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Twp. Monroe MO.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 12, 1950 - 9 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit by truck car 69			
22. I hereby certify that I attended the deceased from 8-12, 1950 to 9-9, 1950 , that I last saw the deceased alive on 9-9, 1950 , and that death occurred at 9:05 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. H. McCormick D.O.				23b. ADDRESS 300 1/2 Reed St. Moberly, Mo.		23c. DATE SIGNED 9-11-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-12-50	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		24d. LOCATION (City, town, or county) (State) PARIS, MISSOURI		
DATE REC'D BY LOCAL REG. 9-12-50		REGISTRAR'S SIGNATURE Leah Williams			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed & Blakey, PARIS, Mo.		

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

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Date Received: SEP 19 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-7
Date Filed: SEP 19 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 4000

P. O. Address PARIS, 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.