

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33171

BIRTH NO. _____		REG. DIST. NO. 118		PRIMARY REG. DIST. NO. 4190		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Bland</b>		c. LENGTH OF STAY (In this place) <b>3 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bland</b>		<b>0370</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Family home</b>				d. STREET ADDRESS (If rural, give location) <b></b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Abe</b>		b. (Middle) <b>Leonard</b>		c. (Last) <b>Brown</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 13 50</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec 3-1893</b>	
9. AGE (In years last birthday) <b>56</b>		10. MONTH (Day) (Year) <b>10/13</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Factory Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe factory</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Lawson Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Brandstetter</b>		14. NAME OF HUSBAND OR WIFE <b>Adele Brown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>W.W.T.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Anna Adele Brown</b>		ADDRESS <b>Bland</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer, Lt. Lung</b>  INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Myocarditis</b> <b>3 yrs.</b>			
19a. DATE OF OPERATION <b>1947</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cancer Lt. Lung - Lt. Pneumectomy</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b></b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b></b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b></b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b></b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b></b>			
22. I hereby certify that I attended the deceased from <b>6-10</b> 19 <b>49</b> , to <b>10-15</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>10-15</b> , 19 <b>50</b> , and that death occurred at <b>9:10 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Paula Brenner, M.D.</b>				23b. ADDRESS <b>Quenaville, Mo.</b>		23c. DATE SIGNED <b>12-17-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-19-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Zions Evangelical Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Bland Gasconade County - Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Oct. 20, 1950</b>		REGISTRAR'S SIGNATURE <b>Dorothy Jackson Haller</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Samuel's Funeral Service - Bland</b>		ADDRESS <b></b>	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV - 3 1950  
**RECEIVED**

NOV 13 1950

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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 \_\_\_\_\_

*Charles S. Sasser*

Signed .....

Student Embalmer

Licensed Embalmer No. 4178

P. O. Address Bland - 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.