

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36396

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4088 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY CARTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CARTER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELLIS NORE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELLIS NORE	
c. LENGTH OF STAY (In this place) <input checked="" type="checkbox"/>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) HENERY c. (Last) BROWN			4. DATE OF DEATH (Month) (Day) (Year) NOV 7 1950			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APR. 2, 1889	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR (Month) (Day) 7 5	IF UNDER 24 HRS. (Hour) (Min.) _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) ELLIS NORE		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOSH BROWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MINNIE BROWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Minnie Brown Ellisnore Mo ADDRESS _____	

19. 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) angina pectoris		INTERVAL BETWEEN ONSET AND DEATH 42m
	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.			

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) _____	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) (Min.) _____	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 Sept., 1949, to Nov., 1950, that I last saw the deceased alive on 11/10, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. H. Cline M.D.		23b. ADDRESS Piedmont, Mo.		23c. DATE SIGNED 12/8/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov. 9 - 50	24c. NAME OF CEMETERY OR CREMATORY ALL ROSE	24d. LOCATION (City, town, or county) (State) ELLIS NORE	
DATE REC'D BY LOCAL REG. Dec. 9 - 1950	REGISTRAR'S SIGNATURE 50 Mrs. Octa Henson	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Keith Piedmont ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 11 1950

DISTRICT HEALTH OFFICE No. C

Is No.

DEC 12 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 _____

Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Hewitt E. Bowler*

Licensed Embalmer No. *4426*

P. O. Address *Madison, 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.