

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37945
State File No. _____

804

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 374

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|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> | |
| c. LENGTH OF STAY (in this place) <u>60 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>106 E. Morgan, St</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>106 E. Morgan, St</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>Frances</u> c. (Last) <u>Brown</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28, 1950</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct. 16, 1879</u> |
| 9. AGE (In years last birthday) <u>71</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Howard County, Missouri</u> |
| 13a. FATHER'S NAME <u>Alonzo Crews</u> | | 13b. MOTHER'S MAIDEN NAME <u>Adeline Rollins</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | |
| 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. | | 14. NAME OF HUSBAND OR WIFE <u>Charley O. Brown</u> | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesenteric thrombosis</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS. <u>Mr. Charley O. Brown - 106 E. Morgan, Sedalia</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | |
| DUE TO (c) _____ | | SEVERAL <u>years</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u> | | 1143X | |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>None.</u> | | 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) _____ | 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>January, 1950</u> , to <u>November 28, 1950</u> , that I last saw the deceased alive on <u>November 28, 1950</u> , and that death occurred at <u>1:45 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>John E. Harry M.D.</u> | | 23b. ADDRESS <u>111 West 4th Sedalia Mo.</u> | |
| 23c. DATE SIGNED <u>11-30-50.</u> | | | |
| 24a. BURIAL / CREMATION REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Dec. 2, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Glennwood Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>12-2, 1950</u> | REGISTRAR'S SIGNATURE <u>W. J. Campbell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Alexander, Sedalia, Mo.</u> | |

(Licensee Embalmer's Signature on Reverse Side)

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

RECEIVED 12-4-57

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-4-57

OCT 15 1956

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.

Signed Lucie Alexander

Signed _____
Student Embalmer

Licensed Embalmer No. 42451

P. O. Address Sedalia 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.