

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37974

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>155</u>	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (In this place) <u>20 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		0213	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 100 Walker Ave.,				d. STREET ADDRESS (If rural, give location) 100 Walker Ave.,			
3. NAME OF DECEASED (Type or Print)		a. (First) ROBERT		b. (Middle) FRANKLIN		c. (Last) BROWN	
4. DATE OF DEATH		(Month) Nov.		(Day) 18,		(Year) 1950	
5. SEX Male <u>0</u>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <u>1</u>	8. DATE OF BIRTH Feb. 8, 1895	9. AGE (In years last birthday) 55	10. UNDER 1 YEAR Months	11. UNDER 2 YRS. Days	12. HOURS Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter-Decorator		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (State or foreign country) Phelps County, Mo. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel Brown		13b. MOTHER'S MAIDEN NAME Ida Malone		14. NAME OF HUSBAND OR WIFE Nettie Brown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) XX		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nettie Brown, 100 Walker, Rolla Mo.,		ADDRESS	
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>Ca of Rt Bronchus (primary)</u>  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.				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>  <u>16 2X</u>	
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)		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>Sept 1</u> , 1950, to <u>Nov 18</u> , 1950, that I last saw the deceased alive on <u>Nov 18</u> , 1950, and that death occurred at <u>7:00 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. E. Fend</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Box 534 Rolla, Mo.</u>		23c. DATE SIGNED <u>11-20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <input checked="" type="checkbox"/>		24b. DATE Nov. 20, 1950		24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery		24d. LOCATION (City, town, or county) (State) Rolla Phelps Mo.,	
DATE REC'D BY LOCAL REG. <u>11-20-50</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stocco</u> <u>380</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u> ADDRESS <u>Rolla, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
Phipps County Health Officer,  
County File Number  
Date Filed 11/29/50

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.