

FILED DEC 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40007**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **379**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
c. LENGTH OF STAY (In this place) 65 yrs.		0164	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brown's Addition		d. STREET ADDRESS (If rural, give location) Brown's Addition	
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Brown c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1950
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Widowed	8. DATE OF BIRTH Dec. 25, 1858
9. AGE (In years) 91		IF UNDER 1 YEAR 11 Months 14 Days	IF UNDER 18 HRS. 14 Hours 14 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Jonesboro, Ark.	
13a. FATHER'S NAME James Shuberg		13b. MOTHER'S MAIDEN NAME Mary Hanover	14. NAME OF HUSBAND OR WIFE Stephen Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Bess, W. Elm St. Cape Gir. 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) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 week ANTECEDENT CAUSES arterio sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized 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) _____	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 May 1, 1949 , to Dec 9, 1950 , that I last saw the deceased alive on Dec 9, 1950 and that death occurred at 2:00 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Doctor or title) Edward D. Campbell M.D.		23b. ADDRESS Cape Girardeau	23c. DATE SIGNED 12-12-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 13, 1950	24c. NAME OF CEMETERY OR CREMATORY Old Lorimer Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri
DATE REC'D BY LOCAL REG. 12-12-1950	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. J. Sparks Cape Gir., Mo.	

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

RECEIVED

DEC 13 1950

DISTRICT HEALTH OFFICE No. 6

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Haut J. Sparks.....

Licensed Embalmer No. 3455.....

P. O. Address Cape Anacostia.....

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.