

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41278**

0500
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 2 1951
BIRTH NO. _____ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **5592** Registrar's No. **96**

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Herculaneum		c. CITY (If outside corporate limits, write RURAL and give township) Herculaneum	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0500 d	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) Mabel (Type or Print)			b. (Middle) Martha			c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) Dec 10 - 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 15 - 1912		9. AGE (In years last birthday) 38		10. IF UNDER 14 HRS. 9 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Herculaneum Mo. 0		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME William E. Herbert		13b. MOTHER'S MAIDEN NAME Laura J. Foster		14. NAME OF HUSBAND OR WIFE Elmer G. Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 489-09-5394		17. INFORMANT'S SIGNATURE OR NAME Elmer Brown - Herculaneum Mo.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left Breast		INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
ANTECEDENT CAUSES		DUE TO (b) Generalized metastasis to			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) liver + lung		1 yr	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		170X	

19a. DATE OF OPERATION 12/1/49		19b. MAJOR FINDINGS OF OPERATION Carcinoma left Breast		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 **Oct 1, 1950**, to **Dec 10, 1950**, that I last saw the deceased alive on **Dec 10, 1950** and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE M. G. Kern M.D. (Degree or title)		23b. ADDRESS Herculaneum, Mo		23c. DATE SIGNED 12/13/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 13, 1950		24c. NAME OF CEMETERY OR CREMATORY Herculaneum Cem.		24d. LOCATION (City, town, or county) (State) Herculaneum Mo	
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DATE REC'D BY LOCAL REG. 12-13-50		REGISTRAR'S SIGNATURE Eleanor Hoover		25. FUNERAL DIRECTOR'S SIGNATURE H. S. Vinyard		ADDRESS Festus Mo	
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED 12-29-50

JAN 9 1951

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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 _____

Ad W. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 8010

P. O. Address _____

Festus 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.