

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1951

State File No. 417720

BIRTH NO. _____		REG. DIST. NO. <u>279</u>		PRIMARY REG. DIST. NO. <u>5956</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>PIKE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clarksville Missouri</u>		c. LENGTH OF STAY (in this place) <u>normal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clarksville</u>		<u>8x20</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Country Home</u>				d. STREET ADDRESS (If rural, give location) <u>Rural-3 Mi South</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtie</u>		b. (Middle) <u>Gatewood</u>		c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-20-1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>1862-12-25-1950</u>	
9. AGE (In years last birthday) <u>87</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Pike County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry Samuel Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Louise Allison</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Effie Brown Clarksville Mo</u>			
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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Poisoning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Edema - (dependent)</u> DUE TO (c) <u>cardio-renal syndrome</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thyrototoxicosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u> <u>2 yrs</u> <u>8 yrs</u> <u>10 yrs</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) <u>4427</u>			
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>Aug 14, 1943</u> , to <u>Dec 20, 1950</u> , that I last saw the deceased alive on <u>Dec 20, 1950</u> , and that death occurred at <u>10:15P, am</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Sam Buchanan</u>		(Degree or title)		23b. ADDRESS <u>D.O. 504 Broadway Hannibal Mo</u>		23c. DATE SIGNED <u>12/27/50</u>	
24a. MARRIAGE STATUS (Specify) <u>Married</u>		24b. DATE <u>12-22-50</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>Riverview cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Louisiana Pike</u>	
DATE REC'D BY LOCAL REG. <u>12-27-50</u>		REGISTRAR'S SIGNATURE <u>Eula Richard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Brown</u>		ADDRESS <u>Clarksville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
5

Date Received: DEC 29 1951
DISTRICT HEALTH OFFICE
District File Number 12-50
Date Filed: JAN 9 1951

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 *A. Brown*

Signed _____
Student Embalmer

Licensed Embalmer No. 2648

P. O. Address Charlestown 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.