

5. No. 300
v. 10. 48

FILED JAN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 408

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4072 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Camden</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Linn Creek</u>		c. LENGTH OF STAY (in this place) <u>years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Linn Creek</u>		d. STREET ADDRESS (If rural, give location) <u>General</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			d. STREET ADDRESS (If rural, give location) <u>General</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>F</u>	c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 16-1951</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>whit</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 1-1858</u>		9. AGE (In years last birthday) <u>92</u> if under 1 year Months <u>11</u> Days <u>16</u> if under 1 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor + Ministry</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Christian</u>		11. BIRTHPLACE (State or foreign country) <u>near Ralls</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Jeremiah Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Salli</u>		14. NAME OF HUSBAND OR WIFE <u>Brown Nathaniel West</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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Datherine West Brown Linn Creek MO</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
II. OTHER SIGNIFICANT CONDITIONS Antecedent Causes <u>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>LDL X</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>Jan 16, 1951</u> , to <u>Jan 16, 1951</u> , that I last saw the deceased alive on <u>Jan 16, 1951</u> , and that death occurred at <u>3:40 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Abie Bankson Woolery, Coroner</u>			23b. ADDRESS <u>Camden MO</u>		23c. DATE SIGNED <u>Jan 17-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Jan 17-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Gett</u>		24d. LOCATION (City, town, or county) (State) <u>Miller County MO</u>
DATE REC'D BY LOCAL REG. <u>Jan 23, 1951</u>		REGISTRAR'S SIGNATURE <u>Zilpha Irwin</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Bankson-Woolery, Camden MO</u>	

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

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RECEIVED 1-29-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-29-51

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 Abbie Benson Woolery

Licensed Embalmer No. 24 88

P. O. Address Camden, 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.