

FILED JAN 22 1951

## STANDARD CERTIFICATE OF DEATH

State File No. ....

1580

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 1893 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Festus Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus Rural</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Festus R.R. # 2</u>			

3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>James</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 9 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Mar. 2-1870</u>		9. AGE (In years last birthday) <u>79</u> Months <u>10</u> Days <u>7</u>		10. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Ireland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>W.S.A.</u>					

13a. FATHER'S NAME <u>William Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Champett</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Jane Berghoffer</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 ADDRESS <u>John Brown Festus Mo R2</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Essential Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>444XFT</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. <u>En. Prostate</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 8/16, 1850, to 1-9, 1851, that I last saw the deceased alive on 12/16, 1850, and that death occurred at 4:30 pm, from the causes and on the date stated above.

23a. SIGNATURE <u>Charles J. Jolley</u> (Degree or title)		23b. ADDRESS <u>724 D. De Soto Mo</u>		23c. DATE SIGNED <u>1-10-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-12-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Methodist</u>		24d. LOCATION (City, town, or county) (State) <u>Festus Mo</u>	
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DATE REC'D BY LOCAL REG. <u>1-10-51</u>		REGISTRAR'S SIGNATURE <u>Marie Farrer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. S. Vinyard Festus Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 1-18-51

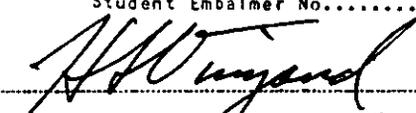
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....



Signed.....  
Student Embalmer

Licensed Embalmer No. 3010

P. O. Address Foster Bros

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.