

5. No. 300
v. 10.48

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7359

State File No.

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6272 Registrar's No. 5

1130
1

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

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural-Allen Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) / <u>1130</u> OR TOWN <u>Rural-Allen Township</u>	
c. LENGTH OF STAY (in this place) <u>1 year</u>		d. STREET ADDRESS (If rural, give location) <u>Grant City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Grant City, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u> b. (Middle) <u>Mable</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 13 1951</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12 17 1917</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>26</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Lone Star, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Riley Ross Guess</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Sowards</u>	14. NAME OF HUSBAND OR WIFE <u>Loicel Leland Brown</u>
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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>Loicel L. Brown Grant City, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Asthma, acute</u>		<u>4 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchial Asthma</u> DUE TO (c) _____		<u>15 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>241X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1947, to 2-13, 1951, that I last saw the deceased alive on 2-10, 1951, and that death occurred at 3A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank P. Matterson, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Grant City, Mo.</u>	23c. DATE SIGNED <u>2/18/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2 15 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kirk Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Allendale, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 20 1951</u>	REGISTRAR'S SIGNATURE <u>Edna E. Dawson</u>	345	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Dwyer</u>	ADDRESS <u>Grant City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)



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: *Arch C. Dwyer*.....

Licensed Embalmer No. *3252*.....

P. O. Address *Grant City, 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.