

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11702

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 140

1. PLACE OF DEATH

a. COUNTY Butler

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff

c. LENGTH OF STAY (In this place) life

d. FULL NAME OF HOSPITAL OR INSTITUTION Deal & Brown Store N. Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Butler

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff

d. STREET ADDRESS (If rural, give location) North Main

3. NAME OF DECEASED (Type or Print)

a. (First) Bluford b. (Middle) _____ c. (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year) April 5 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 13, 1878 9. AGE (In years last birthday) 72 Months 4 Days 22 Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant

10b. KIND OF BUSINESS OR INDUSTRY Mercantile

11. BIRTHPLACE (State or foreign country) Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Brown 13b. MOTHER'S MAIDEN NAME Alpha Blades 14. NAME OF HUSBAND OR WIFE Minnie Deal Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Minnie Brown Poplar Bluff, Mo. ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary Occlusion

ANTECEDENT CAUSES Arteriosclerosis

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.

19a. DATE OF OPERATION L 19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from 15 Mar, 1951, to 5 April, 1951, that I last saw the deceased alive on 4 April, 1951, and that death occurred at 10:29 a.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD 23b. ADDRESS Poplar Bluff, Mo. 23c. DATE SIGNED 12 April 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4/7/51 24c. NAME OF CEMETERY OR CREMATORY City Cemetery 24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

DATE REC'D BY LOCAL REG. April 12 1951 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch ADDRESS Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

12
3

RECEIVED

MAY 2 - 1951

BUTLER CO. HEALTH CENTER

FILE No. 551-192

MAY 2 7 20 AM '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

Wallace G. Fitch

Signed.....
Student Embalmer

Licensed Embalmer No. *3859*

P. O. Address *2214 1/2 N. 1st St. M.D.*

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.