

FILED APR 30 1951

STANDARD CERTIFICATE OF DEATH

State File No. 12394
Registrar's No. 34

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 3025

1. PLACE OF DEATH a. COUNTY Howell			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Howell		
b. CITY (If outside corporate limits, write RURAL and give township) West Plains		c. LENGTH OF STAY (In this place) 3 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Mountain View		0460
d. FULL NAME OF HOSPITAL OR INSTITUTION Ingold Home			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) Annie			b. (Middle) Arizona		c. (Last) Brown
4. DATE OF DEATH (Month) (Day) (Year) April 9-1951					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 5-1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 5 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Whitewater, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Milas Proffer		13b. MOTHER'S MAIDEN NAME Katheryn Helderman		14. NAME OF HUSBAND OR WIFE Columbus Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William A. Brown Mtn View, MO	
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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		19b. MAJOR FINDINGS OF OPERATION 4201			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 20 MAR, 1951 , to 9 Apr, 1951 , that I last saw the deceased alive on 20 MAR, 1951 , and that death occurred at 5:30p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Beatrice Cook			23b. ADDRESS West Plains, Mo.		23c. DATE SIGNED 13-4-51
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE April 10-51	24c. NAME OF CEMETERY OR CREMATORY strouderville		24d. LOCATION (City, town, or county) (State) Whitewater, Mo.
DATE REC'D BY LOCAL REG. 4-19-51		REGISTRAR'S SIGNATURE Beatrice Cook		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan funeral home Mtn View, Mo.	

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

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 23 1951

Dist. File 437-835

Date Filed 4-23-51

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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed *Joe F. Dunbar*

Licensed Embalmer No. 4325

P. O. Address St. Louis, 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.