

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15624**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **595**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hamilton 0130	
c. LENGTH OF STAY (in this place) 51 year		d. STREET ADDRESS (If rural, give location) R. 7 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no 2			

3. NAME OF DECEASED (Type or Print) Gora			a. (First)			b. (Middle) Brown			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May-30-1951					
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) never married		8. DATE OF BIRTH not given about 82		9. AGE (In years last birthday) about 82		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours		IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher				10b. KIND OF BUSINESS OR INDUSTRY Teaching school				11. BIRTHPLACE (State or foreign country) Caldwell Co Mo.				12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME not given			13b. MOTHER'S MAIDEN NAME not given			14. NAME OF HUSBAND OR WIFE		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Chas. A. Morton		ADDRESS Hamilton Mo	
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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						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis							
		ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychotic						since birth	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **May 1, 1951**, to **May 31, 1951**, that I last saw the deceased alive on **May 29, 1951**, and that death occurred at **3:56 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Forrest Thomas M.D.		23b. ADDRESS St. Joseph Mo, State Hosp no 2		23c. DATE SIGNED 5/31-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-2-51		24c. NAME OF CEMETERY OR CREMATORY Kingston Cemetery		24d. LOCATION (City, town, or county) (State) Kingston, Mo.	
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DATE REC'D BY LOCAL REG. June 4, 1951		REGISTRAR'S SIGNATURE Carl C. Cash		446		25. FUNERAL DIRECTOR'S SIGNATURE Oranmer Clark		ADDRESS Kingston, Mo	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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

Cramus Clark

Licensed Embalmer No. *3257*

P. O. Address *Kingston, 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.