

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17476**
Registrar's No. **133**

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4383		Registrar's No. 133	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway			
b. CITY OR TOWN Graham		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township). Graham 1740		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print), a. (First) Mary b. (Middle) Alludorah c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) 5-29-1951				
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 1-13-1861	
9. AGE (in years last birthday): 90		10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thomas W. Chamberlain		13b. MOTHER'S MAIDEN NAME Eliza J. Hall		14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME P.E. Brown - Graham - 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericious Anemia 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.				INTERVAL BETWEEN ONSET AND DEATH 10 mo. 2700	
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 11/4 , 19 50 , to 5/25 , 19 51 , that I last saw the deceased alive on 5/25 , 19 51 , and that death occurred at 4:30 P. m., from the causes and on the date stated above.							
23a. SIGNATURE M.C. New				23b. ADDRESS Do. Matland. Mo.		23c. DATE SIGNED 6/15/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5-31-1951		24c. NAME OF CEMETERY OR CREMATORY Graham Cemetery		24d. LOCATION (City, town, or county) (State) Graham - Missouri	
DATE REC'D BY LOCAL REG. 6-7-51		REGISTRAR'S SIGNATURE Kess Holt		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Johnson			

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

740



SEP 8 1961
SEP 4 1962

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 *G M Catehary* _____

Licensed Embalmer No. *2879* _____

P. O. Address *Maryville, 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.