

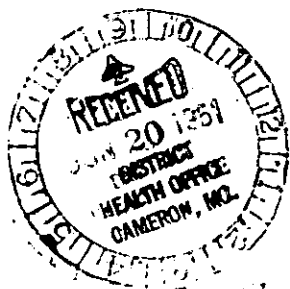
FILED JUN 22 1951 STANDARD CERTIFICATE OF DEATH

State File No. 20773

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 43		Registrar's No. 51	
1. PLACE OF DEATH a. COUNTY Mercer b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton c. LENGTH OF STAY (in this place) 3 Months d. FULL NAME OF HOSPITAL OR INSTITUTION Lambert Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton, Mo. d. STREET ADDRESS (If rural, give location) Princeton, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) Eather b. (Middle) Ernestine c. (Last) Brown		4. DATE OF DEATH June 4-51 (Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Dec. 28, 1907		9. AGE (In years last birthday) 43		10. UNDER 1 YEAR Months 0	
11. BIRTHPLACE (State or foreign country) Princeton, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wm. Perry Brown		13b. MOTHER'S MAIDEN NAME Mary Titus	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Marion K. Dennison Hamilton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Ovary DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia - Cachexia				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years	
19a. DATE OF OPERATION Feb 1951		19b. MAJOR FINDINGS OF OPERATION Carcinomatosis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21c. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from March 8, 1951 , to June 4, 1951 , that I last saw the deceased alive on June 4, 1951 , and that death occurred at 11:00 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE M. A. Lambert		23b. ADDRESS Princeton, Mo.		23c. DATE SIGNED 6/4/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-6-51		24c. NAME OF CEMETERY OR CREMATORY Princeton Ceme.		24d. LOCATION (City, town, or county) (State) Mercer Co. Mo.	
DATE REC'D BY LOCAL REG. 6-14-51		REGISTRAR'S SIGNATURE Noel Moss		25. FUNERAL DIRECTOR'S SIGNATURE Martin Funeral Home Princeton, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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



JUN 22 1951

JAN 18 1952

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.....
Student Embalmer

Signed Ivan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, 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.