

FILED AUG 14 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **22396**

BIRTH NO. _____		REG. DIST. NO. 61		PRIMARY REG. DIST. NO. 4107		Registrar's No. 37	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Springs Mo				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stockton, Mo			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Nichols Nursing Home				d. STREET ADDRESS (If rural, give location) 0201			
3. NAME OF DECEASED (Type or Print)		a. (First) ALBERT		b. (Middle) ABIJAH		c. (Last) BROWN	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 31, 1875	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		11. BIRTHPLACE (State or foreign country) Carroll County, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles H. Brown		13b. MOTHER'S MAIDEN NAME Ellen Millian		14. NAME OF HUSBAND OR WIFE Sarah Brown			
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 Ellis Brown, Stockton, 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) Pulmonary Congestion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial Pneumonia 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 2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491X				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) (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 7-10 , 19 51 , to 7-11 , 19 51 , that I last saw the deceased alive on 7-10 , 19 51 , and that death occurred at 6:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE C. Sunderwirth (Degree or title) DO.				23b. ADDRESS El Dorado Spgs.		23c. DATE SIGNED 7-12-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/12/51		24c. NAME OF CEMETERY OR CREMATORY Stockton, City		24d. LOCATION (City, town, or county) (State) Cedar County, Missouri	
DATE REC'D BY LOCAL REG. July 16, 1951		REGISTRAR'S SIGNATURE per E. Brown		25. FUNERAL DIRECTOR'S SIGNATURE John G. Cantlow ADDRESS Stockton, Mo.			

(Licensed Embellisher's Statement on Reverse Side)

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

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

RECEIVED AUG 7 1951

Dist. File 857-1469

Date Filed 8-9-51

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

Richard W. Bandall

Student Embalmer No. 405

working under my personal supervision.

Student Richard W. Bandall
Student Embalmer

Signed John A. Cantlon
Licensed Embalmer No. 4387

P. O. Address Stockton, 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.