

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23925

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5894 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY OZARK	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Briley-Rural-Pinecreek 254		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Briley Mo - Pinecreek Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Co. Pinecreek Twp. Rural		d. STREET ADDRESS (If rural, give location) Rural-Briley Mo Pinecreek Twp.	

3. NAME OF DECEASED (Type or Print) MARY	a. (First)	b. (Middle) FRANCIS	c. (Last) BROWN	4. DATE OF DEATH (Month) (Day) (Year) 6-3-1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 3-8-1868	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 26	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) VERNON Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Adams	13b. MOTHER'S MAIDEN NAME Martha Black	14. NAME OF HUSBAND OR WIFE Edward Brown
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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 Mrs. Walter Brown	ADDRESS Ave. 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of liver		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	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. Fracture of hip 1 mo ago		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 156 AF	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 19 45, 19 to June 3, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE M. J. Staerman (Degree or title)	23b. ADDRESS 450 Gainesville, Mo	23c. DATE SIGNED 6-21-51
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24a. BIRTH, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/6/51	24c. NAME OF CEMETERY OR CREMATORY Smith Chapel Cemetery - Briley, Ozark Co. Mo	24d. LOCATION (City, town, or county) (State) Gainesville Missouri
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DATE REC'D BY LOCAL REG. 6-30-51	REGISTRAR'S SIGNATURE Thana M. Baker 405	FUNERAL DIRECTOR'S SIGNATURE (Blending Funeral Home)	ADDRESS Gainesville Missouri
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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

RECEIVED JUL 3 1951

Dist. File _____

Date Filed _____

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

RECEIVED JUL 3 1951

Dist. File 251-1318

Date Filed 7-13-51

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Chester A. Rogg

Licensed Embalmer No. 3044

P. O. Address Gainesville 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.