

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24046

State File No.

FILED AUG 14 1951

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5970 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY OR TOWN <u>Bolivar-Clignet Twp Mo</u>		c. CITY OR TOWN <u>Bolivar-Clignet Twp Mo</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>6 1/2 mi. North of Bolivar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 1/2 mi. North of Bolivar</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Edward</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 7 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 9 1880</u>	9. AGE (In years last birthday) <u>71</u>	if UNDER 1 YEAR: Days <u>2</u> Hours <u>28</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Polk Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Luciddia Bursley</u>		14. NAME OF HUSBAND OR WIFE <u>Johanie Keller Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Orville Brown</u> ADDRESS <u>Bolivar Mo</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pernicious Anemia</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES			
		DUE TO (b) _____ DUE TO (c) _____			
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CNS Involvement w/ Hyplexia</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan. 1840, to Feb. 1951, that I last saw the deceased alive on Feb. 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. Smith M.D.</u> (Degree or title)		23b. ADDRESS <u>Bolivar Mo</u>		23c. DATE SIGNED <u>July 21/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 10/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Payde Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Near Polk Mo</u>	

DATE REC'D BY LOCAL REG. <u>July 30, 1951</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Swell Gordon</u> ADDRESS <u>Bolivar</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

RECEIVED AUG 7 1951

Dist. File 857-1426
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 _____

working under my personal supervision.

Student Embalmer No.

Signed Edward P. Erwin

Signed.....
Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Baltimore, Md.

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.