No. 300
10.48

FILED SEP 4 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 26100

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 64

**1. PLACE OF DEATH**
a. COUNTY: BARTON 0061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAMAR
c. LENGTH OF STAY (In this place): 70 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MEMORIAL HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BARTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LAMAR 0061
d. STREET ADDRESS (If rural, give location): 1501 WALNUT 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): SUSAN
b. (Middle): ANN
c. (Last): BROWN

**4. DATE OF DEATH** (Month) (Day) (Year): AUG 22 1951

**5. SEX**: F
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: JULY 7 1852
**9. AGE** (In years last birthday): 99 — If under 1 year: Months 1, Days 15 — If under 24 hrs.: Hours, Min.

**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): NEW LONDON, MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: U. S.

**13a. FATHER'S NAME**: GEORGE McGREW
**13b. MOTHER'S MAIDEN NAME**: UNKNOWN
**14. NAME OF HUSBAND OR WIFE**: JAMES A. BROWN

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO
(If yes, give war or dates of service): XX
**16. SOCIAL SECURITY NO.**: XX
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: MRS. C. O. CROCKETT, KENOMA, MISSOURI

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inter-trochanteric Fracture Left Femur — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Bilateral Hypostatic Pneumonia — 4 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* E9030

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 006 20
**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): In Home
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lamar Barton Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Aug 14 1951 7 P.m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: Slipped & fell on Rug.

22. *I hereby certify that I attended the deceased from* Aug 15 *, 1951, to* Aug 22 *, 1951, that I last saw the deceased alive on* Aug 22 *, 1951, and that death occurred at* 7:30 p. *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Glen T. Bickel, MD.
**23b. ADDRESS**: Lamar, Missouri
**23c. DATE SIGNED**: 8/24/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: AUG 24 1951
**24c. NAME OF CEMETERY OR CREMATORY**: WATERS CEMETERY
**24d. LOCATION** (City, town, or county) (State): JASPER, MO.

DATE REC'D BY LOCAL REG.: AUG 24 1951
REGISTRAR'S SIGNATURE: Marie Konantz
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: KONANTZ FUNERAL HOME, LAMAR, MO.

(Licensed Embalmer'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 27 1951
Dist. File 851-1555
Date Filed 8-28-51

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 Frank W. Denton

Signed ..... Student Embalmer

Licensed Embalmer No. 4581

P. O. Address Lamar, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.