

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27788

State File No. 27788

FILED SEP 12 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 288

1. PLACE OF DEATH a. COUNTY Pettis 0804			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia 0804		
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital			d. STREET ADDRESS (If rural, give location) 906 West 20th St., 0		

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIE	b. (Middle) C.	c. (Last) BROWN	4. DATE OF DEATH (Month) (Day) (Year)	September 6, 1951
-------------------------------------	-------------------	----------------	-----------------	---------------------------------------	-------------------

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH April 21, 1884	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hour	IF UNDER 24 HRS. Min.
---------------	------------------------	--	---------------------------------	------------------------------------	------------------------	----------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Greenridge, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	-----------------------------------	--	-------------------------------------

13a. FATHER'S NAME Milo H. Brown	13b. MOTHER'S MAIDEN NAME Mary Quisenberry	14. NAME OF HUSBAND OR WIFE Daisy Brown
----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. * * * * *	17. INFORMANT'S SIGNATURE OR NAME Mrs. Daisy Brown, Sedalia, Mo	ADDRESS
--	-----------------------------------	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral haemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis, advanced DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331x	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 Oct 19, 1951, to Sept 6, 1951, that I last saw the deceased alive on Sept 6, 1951, and that death occurred at 12:10A m., from the causes and on the date stated above.

23a. SIGNATURE Chas Gordon Schaeffer MD (Degree or title)	23b. ADDRESS Sedalia Mo	23c. DATE SIGNED 9-6-51
---	-------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 8, 1951	24c. NAME OF CEMETERY OR CREMATORY Greenridge	24d. LOCATION (City, town, or county) (State) Greenridge, Mo
--	------------------------	---	--

DATE REC'D BY LOCAL REG. 9/18/51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Sedalia, Mo
----------------------------------	-----------------------------------	--	---------------------

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD GILLESPIE FUNERAL HOME

RECEIVED 9-11-51

SEP 22 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 9-11-51

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3470

P. O. Address. Selalia, 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.