

FILED SEP 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29927

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5428 Registrar's No. 21

0360

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Franklin | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Franklin | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gerald, Mo. Boone | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gerald, Mo., Rural, Boone | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS R.F.A. | |

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|-------------------------------------|------------------|--------------------|-----------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) MARYN | b. (Middle) LOUISE | c. (Last) BROWN | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 30, 1951 |
|-------------------------------------|------------------|--------------------|-----------------|--|

| | | | | | | | |
|---------------|------------------------|--|------------------------------------|------------------------------------|-------------------------|-----------------------|---------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | 8. DATE OF BIRTH February 27, 1871 | 9. AGE (In years last birthday) 80 | # UNDER 1 YEAR Months 6 | # UNDER 1 YEAR Days 3 | # UNDER 1 YEAR 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 Home | 11. BIRTHPLACE (State or foreign country) Gerald, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|---|--|--|-------------------------------------|

| | | |
|-------------------------------------|-----------------------------------|---|
| 13a. FATHER'S NAME Eylert Morriss e | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE John C. Brown |
|-------------------------------------|-----------------------------------|---|

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|--|-------------------------------|--|--------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. ----- | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Zeno Angell, Gerald, Missouri | ADDRESS Gerald, Missouri |
|--|-------------------------------|--|--------------------------|

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH Unknown |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Essential Hypertension | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential Hypertension | | | |

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|------------------------|---------------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 443x | 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 10, 1951, to 8-30, 1951, that I last saw the deceased alive on 8-25, 1951, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

| | | |
|--|--------------------------|--------------------------|
| 23a. SIGNATURE (Doctor or title) Thor A. Schmitt, M.D. | 23b. ADDRESS Gerald, Mo. | 23c. DATE SIGNED 8-31-51 |
|--|--------------------------|--------------------------|

| | | | |
|--|------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Sept 1, 1951 | 24c. NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery | 24d. LOCATION (City, town, or county) (State) Gerald, Missouri |
|--|------------------------|---|--|

| | | | |
|----------------------------------|--------------------------------------|---|---------|
| DATE REC'D BY LOCAL REG. 8-31-51 | REGISTRAR'S SIGNATURE J. L. Matthews | 25. FUNERAL DIRECTOR'S SIGNATURE Ernest P. Ottmann, Gerald, Mo. | ADDRESS |
|----------------------------------|--------------------------------------|---|---------|

RECEIVED

SEP 12 1951

DISTRICT HEALTH OFFICE No. 4

File No.

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 Ernest L. Ottman

Signed.....
Student Embalmer

Licensed Embalmer No. 4054

P. O. Address Gerald, Missouri

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.