

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34646

State File No.

FILED NOV 5 1951

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 1516

850

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

| | | | |
|--|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> <u>1850</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morgan Heights</u> | | c. LENGTH OF STAY (in this place) <u>3 yrs.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morgan Heights</u> <u>0</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Eunice</u> b. (Middle) <u>L.</u> c. (Last) <u>Brown</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>10 17 1951</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>1/11/1894</u> |
| 9. AGE (In years last birthday) <u>57</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | 11. BIRTHPLACE (State or foreign country) <u>Tennessee</u> |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Silas Malin</u> | | 13b. MOTHER'S MAIDEN NAME <u>Cynthia Wilson</u> | |
| 13c. NAME OF HUSBAND OR WIFE <u>Harry O. Brown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Harry O. Brown</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u> (If yes, give war or dates of service) <u>X</u> | | 16. SOCIAL SECURITY NO. <u>X</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Harry O. Brown, Morgan Heights, Mo.</u> | | 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis with myocardial degeneration</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Generalized arterio-sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4221</u> | |
| 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) | | 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 <u>May</u> , 19 <u>49</u> , to <u>10-17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-12</u> , 19 <u>51</u> , and that death occurred at <u>6:30P.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Eugene J. Anderson</u> (Degree or title) <u>D.O.</u> | | 23b. ADDRESS <u>202 Waverly St</u> | |
| 23c. DATE SIGNED <u>10-30-51</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10/20/1951</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Hooker</u> | | 24d. LOCATION (City, town, or county) (State) <u>Pulaski County, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>11-1-51</u> | | REGISTRAR'S SIGNATURE <u>Eugene J. Anderson</u> <u>458</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred H. Gilbert, Dixon, Missouri</u> | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-30-51
Pulaski County Health Officer
File Number
Date Filed 11-3-51

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 *Maurice Schierbaum*

Licensed Embalmer No. 4505

P. O. Address Dixon, 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.