No. 300
10.46

532

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1952

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 4086 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tina,
c. LENGTH OF STAY (In this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Tina, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tina, Mo.
d. STREET ADDRESS (If rural, give location):

0170
0

3. NAME OF DECEASED (Type or Print)
a. (First): LENA ##### b. (Middle): MYRTLE c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): January 18, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 14, 1892
9. AGE (In years last birthday): 59 — If under 1 year: Months 7, Days 4; If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carroll County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: T.C.Minnis
13b. MOTHER'S MAIDEN NAME: Emma Wooden
14. NAME OF HUSBAND OR WIFE: Edward H. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: E.H. Brown **ADDRESS**: Tina, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Suicide

DUE TO (c) Hanging by Rope around Neck.

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:
974-X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): TINA, MO.
21c. CITY, TOWN, OR TOWNSHIP: Stokes Mound (COUNTY): Carroll (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 11 PM m., from the causes and on the date stated above.*

23a. SIGNATURE: J Ray Jackson (Degree or title): Coroner
23b. ADDRESS: Logan Mo
23c. DATE SIGNED: 1-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 20, 1952
24c. NAME OF CEMETERY OR CREMATORY: Sykes Cemetery
24d. LOCATION (City, town, or county) (State): 7 miles West of Tina Mo.

DATE REC'D BY LOCAL REG.: Jan. 21, 1952
REGISTRAR'S SIGNATURE: Mrs. Rex Henderson 44-0
25. FUNERAL DIRECTOR'S SIGNATURE: Clifford W Houston **ADDRESS**: Tina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Clifford W. Justice

Licensed Embalmer No. 3233

P. O. Address Tina, 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.