V.S. No. 300
Rev. 10-46

FILED FEB 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

738

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5366 Registrar's No. 11

0310 1

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

1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Marion Twn.
c. LENGTH OF STAY (in this place) 51 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R.F.D.#1, Weatherby, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Davies
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rurla- Marion Township 0310 0
d. STREET ADDRESS (If rural, give location) R.F.D.#1, Weatherby, Missouri

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

4. DATE OF DEATH (Month) (Day) (Year) Jan 29, 1952

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Nov 14, 1875
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR: Months / Days — 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 --
11. BIRTHPLACE (State or foreign country) Daviess County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Reynolds
13b. MOTHER'S MAIDEN NAME Ellen Vanover
14. NAME OF HUSBAND OR WIFE George Albin Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. --
17. INFORMANT'S SIGNATURE OR NAME # 1 ADDRESS George Albin Brown, Weatherby, Mo.

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
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 4201
20. AUTOPSY? YES ☐ NO ☑

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) 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 after death alive on* 1-29 1952, *and that death occurred at* 11:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Floyd E. Nelson Coroner
23b. ADDRESS Galbaten Mo.
23c. DATE SIGNED 1-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/1/52
24c. NAME OF CEMETERY OR CREMATORY Muddy Cemetery
24d. LOCATION (City, town, or county) (State) Pattonsburg, Missouri

DATE REC'D BY LOCAL REG. 2 Febr. 1952
REGISTRAR'S SIGNATURE Virginia M Engelhart 81-9
25. FUNERAL DIRECTOR'S SIGNATURE Louis Quest
ADDRESS Pattonsburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Louis Guest

Licensed Embalmer No. 4096

P. O. Address Pattonsburg, 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.