

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2256

State File No.

FILED FEB 5 1952

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4407 Registrar's No. 25

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamonte</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamonte</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>none</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u> | | | |

| | | | | |
|-------------------------------------|--------------------------|-----------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>THOMAS</u> | b. (Middle) <u>L.</u> | c. (Last) <u>BROWN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 24, 1952</u> |
|-------------------------------------|--------------------------|-----------------------|------------------------|--|

| | | | | | | |
|--------------------|-------------------------------|--|---------------------------------------|---|--|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec. 31, 1875</u> | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>23</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|--|---------------------------------------|---|--|---|

| | | | |
|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u> | 11. BIRTHPLACE (State or foreign country) <u>near Peoria, Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|--|--|--|

| | | |
|--|--|--|
| 13a. FATHER'S NAME <u>Newton Brown</u> | 13b. MOTHER'S MAIDEN NAME <u>Eunice Bailey</u> | 14. NAME OF HUSBAND OR WIFE <u>Roberta Whittaker Brown</u> |
|--|--|--|

| | | | |
|---|-------------------------------------|---|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Leo Brown, son, Sedalia, Mo.</u> | ADDRESS _____ |
|---|-------------------------------------|---|---------------|

| | | | |
|--|--|------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>?</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Valvular Disease</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Nephritis</u> | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) _____ | |
| | | DUE TO (c) _____ | |

| | | |
|------------------------------------|---|--|
| 19a. DATE OF OPERATION <u>4214</u> | 19b. MAJOR FINDINGS OF OPERATION <u>✓</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------------|---|--|

| | | |
|---|---|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lamonte, Pettis, Mo</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pettis, Missouri, Mo</u> |
|---|---|---|

| | | |
|---|--|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u>Jan 24, 1952 10:00 p.m.</u> | 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 Jan 21, 1952 to Jan 24, 1952 that I last saw the deceased alive on Jan 24, 1952 and that death occurred at 10:00 p.m., from the causes and on the date stated above.

| | | |
|---|---|-----------------------------------|
| 23a. SIGNATURE <u>L. W. Brown, M.D.</u> (Degree or title) | 23b. ADDRESS <u>1508 W. 2nd St., Sedalia, Mo.</u> | 23c. DATE SIGNED <u>Jan 26-52</u> |
|---|---|-----------------------------------|

| | | | |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1/27/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Green Ridge Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Green Ridge, Mo.</u> |
|---|--------------------------|--|---|

| | | | |
|---|---|--|----------------------------|
| DATE/REC'D BY LOCAL REG. <u>1/26/52</u> | REGISTRAR'S SIGNATURE <u>L. W. Campbell, M.D. Deputy Health Officer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thorne Ewing</u> | ADDRESS <u>Sedalia, Mo</u> |
|---|---|--|----------------------------|

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

1800
1

0800

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia, 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.