

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5678

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 25

1. PLACE OF DEATH
 a. COUNTY Livingston
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe
 c. LENGTH OF STAY (In this place) 11 months
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1520 Calhoun Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Livingston
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe
 d. STREET ADDRESS (If rural, give location) 1520 Calhoun Street

3. NAME OF DECEASED
 a. (First) Rosa b. (Middle) Lee c. (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year)
February 13, 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Jan. 15, 1870

9. AGE (In years last birthday) 82
 If under 1 year: Months _____ Days _____
 If over 1 year: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Madison County, Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME S.W. Thomas

13b. MOTHER'S MAIDEN NAME Sarah Hise

14. NAME OF HUSBAND OR WIFE Charlie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. C.A. Magee; 1520 Calhoun; Chillicothe, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 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) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH
5 years

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION
4222

20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE

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 Feb 4, 1952, to Feb 13, 1952, that I last saw the deceased alive on Feb 12, 1952 and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Intendant D.O.

23b. ADDRESS Chillicothe, Mo.

23c. DATE SIGNED 2/13/52

24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial

24b. DATE 2-14-52

24c. NAME OF CEMETERY OR CREMATORY Parsar Creek

24d. LOCATION (City, town, or county) (State) Meadville Missouri

DATE REC'D BY LOCAL REG. 2/13/52 REGISTRAR'S SIGNATURE Francis B. Nail

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Norman Funeral Home; Chillicothe, Mo.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Elton Norman

Signed.....
Student Embalmer

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.