

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7025

FILED MAR 13 1952

BIRTH NO. _____ REG. DIST. NO. 388 PRIMARY REG. DIST. NO. 6175 Registrar's No. 63

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

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan - Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan Rural 1050	
d. FULL NAME OF HOSPITAL OR INSTITUTION Liberty Twp		d. STREET ADDRESS (If rural, give location) Liberty Twp	
3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) Brown c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) 3-2-1952	
5. SEX f	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH 7-30-1865
9. AGE (In years last birthday) 86		10. MONTHS 7	10. DAYS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmers wife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Lewis Co W. Va		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Lemuel Simms		13b. MOTHER'S MAIDEN NAME Margaret West	
14. NAME OF HUSBAND OR WIFE Mathew Brown (dead)			
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.	
17. INFORMANT'S SIGNATURE OR NAME Glenna Cochran		ADDRESS Milan - 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) Unemia - thrombotic nephritis 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. Hypertension heart disease 2 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Electrical burnings 593X	
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) m.		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 _____, 19____, that I last saw the deceased alive on Jan 21, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.			
23a. SIGNATURE J.R. Martin		23b. ADDRESS Brown Mo	
23c. DATE SIGNED 3-2-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-4-52	
24c. NAME OF CEMETERY OR CREMATORY Asbury Cem		24d. LOCATION (City, town, or county) (State) Milan Mo	
DATE REC'D BY LOCAL REG. march 10		REGISTRAR'S SIGNATURE 318-0 Brita Caldwell	
25. FUNERAL DIRECTOR'S SIGNATURE Schreyes		ADDRESS Dwight Schreyes	

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 Dwight Schone

Licensed Embalmer No. 2667

P. O. Address Huber - 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.