

STANDARD CERTIFICATE OF DEATH

State File No. **9154**

FILED MAR 22 1952

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|---|--|---|------------------------------------|---|
| BIRTH NO. | | REG. DIST. NO. 217 | PRIMARY REG. DIST. NO. 4329 | Registrar's No. 21 |
| 1. PLACE OF DEATH a. COUNTY Mississippi | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt | | c. LENGTH OF STAY (In this place) 12 yrs. | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION P. O. Box 401 | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt 0670 | | |
| | | d. STREET ADDRESS (If rural, give location) P. O. Box 401 | | |
| 3. NAME OF DECEASED (Type or Print) Lillian | | a. (First) | b. (Middle) (Bonds) | c. (Last) Brown |
| 5. SEX Female 3 | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married |
| 8. DATE OF BIRTH May 1, 1902 | | 9. AGE (In years last birthday) 49 | | 10. MONTHS 10 |
| | | | | 11. DAYS 2 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (State or foreign country) Tennessee |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Unknown | | |
| | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE A.B. Brown |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME A.B. Brown, P.O. Box 401, Wyatt, Missouri |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 45 minutes |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism | | ANTECEDENT CAUSES | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (b) Chronic Myocarditis | | unknown |
| | | 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 <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) | | 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 March 3, 1952 , to March 3, 1952 , that I last saw the deceased alive on March 3, 1952 and that death occurred at 11:00 P.m. , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE T. P. Fenton, D.O. | | 23b. ADDRESS T. P. Fenton D. O. Wyatt, Missouri | | 23c. DATE SIGNED March 7, 52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE March 9, 1952 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery |
| | | | | 24d. LOCATION (City, town, or county) (State) Charleston, Missouri |
| DATE REC'D BY LOCAL REG. March 19 1952 | | REGISTRAR'S SIGNATURE Miss. Det. Liliane | | 25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks ADDRESS Charleston, Mo. |

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

0670

MAR 20 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed MAR 21 1952

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 Frank J. Sparks

Signed.....

Student Embalmer

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.