

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12203

State File No. ....

LED MAY 7 1952

BIRTH NO. .... REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u> <u>0710</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs 9 mos</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rachel</u> b. (Middle) <u>O.</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 26, 1952</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Oct. 18, 1873</u>		9. AGE (In years, last birthday) <u>78</u>		10. UNDER 1 YEAR Days <u>6</u> 11. UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Savannah Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>William Abels</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes McConnell</u>		14. NAME OF HUSBAND OR WIFE <u>W.E. Brown - Dead</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u> ADDRESS <u>Fulton Mo</u>	
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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) <u>Chronic Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture left hip</u>			
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 <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 7/28, 1949, to 4/26, 1952, that I last saw the deceased alive on Apr. 26, 1952, and that death occurred at 1:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. J. Miller MD by Hanka State Hosp. Fulton Mo</u>		23b. ADDRESS <u>State Hosp. Fulton Mo</u>		23c. DATE SIGNED <u>4/26/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/28/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Versailles City</u>	
				24d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>April 27-1952</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> <u>4269</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.F. Kidwell</u> ADDRESS <u>Versailles, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

#m  
143  
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OCT 5 1953

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

*Gene J. Sartorius*

Licensed Embalmer No. 4021

P. O. Address Versailles, 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.