

No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16098

State File No.

FILED MAY 19 1952

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 479

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (in this place) <u>1 month</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maysville</u>	<u>0320</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1103 East Elm</u>		d. STREET ADDRESS (If rural, give location) <u>no street address</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u>	b. (Middle) <u>BROWN</u>	c. (Last) <u>MAYSE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1952</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 8, (about 1876)</u>		9. AGE (In years last birthday) Months Days <u>75 (about)</u>		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Plattsburg, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Robert Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Hudson</u>		14. NAME OF HUSBAND OR WIFE	
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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 ADDRESS <u>James B. Mayse Jr, Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Quodernal Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma duodenum followed by generalized abdominal carcinomatoid</u> DUE TO (c) <u>?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>hr. Endocarditis - arteria sclerotic 6 yrs.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u> <u>10 months</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>152x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	
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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?
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22. I hereby certify that I attended the deceased from April 16, 1952 to May 14, 1952 that I last saw the deceased alive on May 14, 1952, and that death occurred at 7:47A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Reynolds, M.D.</u>	23b. ADDRESS <u>214-16 Sanders Bldg - Springfield</u>	23c. DATE SIGNED <u>5/14/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 14, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Maysville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-14-52</u>	REGISTRAR'S SIGNATURE <u>James R. Amos, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Sahmeyer, Springfield, Mo.</u>
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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.....

James W. Wair

Student Embalmer

Licensed Embalmer No. 4650

P. O. Address. Springfield, 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.