

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

State File No. **17481**

State File No.

BIRTH NO. **37932** REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **5939** Registrar's No. **100**

| | | | | | |
|---|--|---|---|--|-------------------------|
| 1. PLACE OF DEATH | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | |
| a. COUNTY Phelps | | | a. STATE Missouri | | b. COUNTY Phelps |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Cold Spring | | c. LENGTH OF STAY (in this place) Life | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Cold Spring twp. 1870 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles West of Vida | | | d. STREET ADDRESS (If rural, give location) 2 miles West of Vida | | |

| | | | | | |
|----------------------------|---------------------------|------------------------|-------------------------|-----------------|--------------------|
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | |
| a. (First) BARBARA | b. (Middle) ROSENA | c. (Last) BROWN | (Month) May | (Day) 25 | (Year) 1952 |
| (Type or Print) | | | | | |

| | | | | | | | |
|--|--------------------------------|--|--|---|--------------------------------------|--|--|
| 5. SEX Fe. 1 | 6. COLOR OR RACE Wh. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant 0 | 8. DATE OF BIRTH April 25, 1952 | 9. AGE (In years last birthday) 1 | 10. YOUNG (In years) 1 | 11. BIRTHPLACE (State or foreign country) Phelps County, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | | | | |

| | | |
|---|---|--|
| 13a. FATHER'S NAME Roy Lee Brown | 13b. MOTHER'S MAIDEN NAME Dorothy Nott | 14. NAME OF HUSBAND OR WIFE --- |
|---|---|--|

| | | | |
|--|--------------------------------|--|------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Roy Lee Brown | ADDRESS Vida, Mo. |
|--|--------------------------------|--|------------------------------------|

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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 | | INTERVAL BETWEEN ONSET AND DEATH Small Birth |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Congenital Heart | | |
| | 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. | | | |

| | | |
|-------------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 7544 | 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 _____, 19____, to _____, 19____, that I last saw the deceased on **May 25, 1952 and that death occurred at **Admit.**, from the causes and on the date stated above.**

| | | | |
|---|-------------------|---|---|
| 23a. SIGNATURE S. L. Nott, Coroner | (Degree or title) | 23b. ADDRESS Roller mo | 23c. DATE SIGNED 26 May 1952 |
|---|-------------------|---|---|

| | | | |
|---|---|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE May 27, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery | 24d. LOCATION (City, town, or county) (STATE) Phelps County, Missouri |
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| | | | |
|--|--|---|--|
| DATE REC'D BY LOCAL REG. May 29, 1952 | REGISTRAR'S SIGNATURE Nadine L. Steel | 25. FUNERAL DIRECTOR'S SIGNATURE Lee Johnson | ADDRESS Funeral Home Newburg, Mo. |
|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

810

FILED JUN 4 1952

County File Number _____
Date Filed 6-3-52

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.

Not Embalmed

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.