

FILED MAY 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19119
State File No.

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6209 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY Texas

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Gray

c. LENGTH OF STAY (in this place) 54 yrs

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Texas

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Piney

d. STREET ADDRESS (If rural, give location) 6 mi. N. Houston

3. NAME OF DECEASED (Type or Print)
a. (First) MARTHA b. (Middle) ELIZABETH c. (Last) BROWN

4. DATE OF DEATH (Month) (Day) (Year) 4 26 1952

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH June 3, 1861 9. AGE (In years last birthday) 86 10. IF UNDER 1 YEAR Months 10 Days 23 Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home wife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Outram Co. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Joe Vestil 13b. MOTHER'S MAIDEN NAME Lucinda Miller 14. NAME OF HUSBAND OR WIFE Oscar Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Stella Bates ADDRESS Houston, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) Bronchitis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) _____

INTERVAL BETWEEN ONSET AND DEATH 4 days
15-20 yrs.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 501X 20. AUTOPSY? YES NO

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) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 5-14, 1951, to 4-22, 1952, that I last saw the deceased alive on 4-20, 1952, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Scott L. Kramer M.D. 23b. ADDRESS Houston Mo 23c. DATE SIGNED 4-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried 24b. DATE 4-29-52 24c. NAME OF CEMETERY OR CREMATORY Oak Hill 24d. LOCATION (City, town, or county) (State) Texas Co. Mo.

DATE REC'D BY LOCAL REG. May 19-52 REGISTRAR'S SIGNATURE Myrtle Craig 327 25. FUNERAL DIRECTOR'S SIGNATURE Dayton O. Elliott ADDRESS Houston, Mo.

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

JUL 22 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.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Frank E. Wood.....

Licensed Embalmer No. 4026.....

P. O. Address Houston, 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.