

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21165

State File No. ....

JUL 5 1952

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5749 Registrar's No. 38

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Madison</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Madison</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Polk</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route 3, Fredericktown, Mo</u>                        |  |
| c. LENGTH OF STAY (in this place) <u>3 yrs</u>  |  | d. STREET ADDRESS (If rural, give location) <u>0620</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R # 3 Fredericktown Mo.</u>                          |  |   |  |

|                                     |                        |                        |                        |  |
|-------------------------------------|------------------------|------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Ruby</u> | b. (Middle) <u>Mae</u> | c. (Last) <u>Brown</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 25, 1952</u> |
|-------------------------------------|------------------------|------------------------|------------------------|--|

|                      |                               |   |                                      |   |  |   |
|----------------------|-------------------------------|---|--------------------------------------|---|--|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec 11, 1910</u> | 9. AGE (In years last birthday) <u>41</u> | IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u> | IF UNDER 12 HRS. Hours <u></u> Min. <u></u> |
|----------------------|-------------------------------|---|--------------------------------------|---|--|---|

|  |  |   |  |
|--|--|---|--|
| 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>-----</u> | 11. BIRTHPLACE (State or foreign country) <u>Roselle, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|--|---|--|

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|--|--|---|
| 13a. FATHER'S NAME <u>Walter Lowry</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Sharp</u> | 14. NAME OF HUSBAND OR WIFE <u>Gordon Brown</u> |
|--|--|---|

|  |  |   |                      |
|--|--|---|----------------------|
| 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>493-03-0466</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Gordon Brown, R #3, Fredericktown Mo</u> | ADDRESS <u>-----</u> |
|--|--|---|----------------------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br><u>10 minutes</u><br><br><u>7 years</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>massive cerebral hemorrhage</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>essential hypertension and arteriosclerosis</u><br>DUE TO (c) <u>-----</u> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | 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) (Min.) | 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 11/29/50, 1950, to 3/9, 1952 that I last saw the deceased alive on 3/2, 1952, and that death occurred at 15 A m., from the causes and on the date stated above.

|   |                                       |                                 |
|---|---------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>D. Kenneth P. Wheeler</u> (Degree or title) | 23b. ADDRESS <u>Fredericktown, Mo</u> | 23c. DATE SIGNED <u>6/27/52</u> |
|---|---------------------------------------|---------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6-27-52</u> | 24c. NAME OF CEMETERY OR CRÉMATORY <u>Sebastian Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Madison County, Mo.</u> |
|---|--------------------------|--|--|

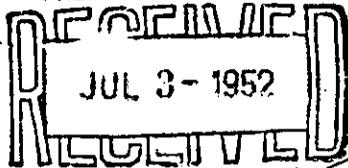
|   |   |  |                                  |
|---|---|--|----------------------------------|
| DATE REC'D BY LOCAL REG. <u>6-27-1952</u> | REGISTRAR'S SIGNATURE <u>Lawrence Hicks</u> 187 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Najim Funeral Home</u> | ADDRESS <u>Fredericktown Mo.</u> |
|---|---|--|----------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

0620  
1

MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.



FILE No. 752-38

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed William B O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.