

FILED JUN 20 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21222

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <b>MILLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MILLER</b>	
b. CITY OR TOWN <b>ELDON</b>		c. CITY OR TOWN <b>ELDON</b>	
c. LENGTH OF STAY (in this place) <b>35 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>133-W-7<sup>th</sup> St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>133-W-7<sup>th</sup> St</b>		e. STREET ADDRESS <b>133-W-7<sup>th</sup> St</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Josephine</b> b. (Middle) <b>Tomas</b> c. (Last) <b>BROWN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 1 1952</b>
--	---

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>15 June 1853</b>	9. AGE (in years last birthday) <b>98</b>	10. IF UNDER 1 YEAR Months Days Hours Min.
----------------------	-------------------------------	---	--------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At-Home</b>	11. BIRTHPLACE (State or foreign country) <b>Morgan-Co-Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	---	---

13a. FATHER'S NAME <b>MARCS-M-Palmer</b>	13b. MOTHER'S MAIDEN NAME <b>MARY-E HARRISON</b>	14. NAME OF HUSBAND OR WIFE <b>DANIAL-W-Scott</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lena-Kelsay</b>	ADDRESS <b>ELDON Mo</b>
--	-------------------------------------	--	-------------------------

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 <b>5 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infirmities of old age</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility with dementia 6 mo.</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 <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None</b>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>None</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>None</b>
--	--	--

22. I hereby certify that I attended the deceased from **March 11, 1947** to **June 1, 1952**, that I last saw the deceased alive on **June 1, 1952**, and that death occurred at **9:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Scott E. Murrell, D.O.</b>	23b. ADDRESS <b>ELDON Mo</b>	23c. DATE SIGNED <b>2 June 52</b>
--	------------------------------	-----------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3 June 52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Scott</b>	24d. LOCATION (City, town, or county) (State) <b>Miller-Co Mo</b>
--	----------------------------	---	---

DATE REC'D BY LOCAL REG. <b>June 2, 1952</b>	REGISTRAR'S SIGNATURE <b>Alvareza Walt Keith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walt Keith</b>	ADDRESS <b>ELDON Mo</b>
--	--	--	-------------------------

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

661  
1

**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 \_\_\_\_\_

Licensed Embalmer No. 73998

P. O. Address Eldon 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.