

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23445

State File No.

No. 300
10.48

FILED JUN 24 1952

BIRTH NO. _____ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4531 Registrar's No. 46

090
4

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

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> <u>8105</u>	
c. LENGTH OF STAY (In this place) <u>2 Mo 8 days</u>		d. STREET ADDRESS (If rural, give location) <u>416 S. Garth St.</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katy Jane Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CAPTAIN</u> b. (Middle) <u>WADE</u> c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 5, 1952</u>		
---	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 17, 1865</u>	9. AGE (In years of last birthday) <u>86</u>	10. MONTHS <u>5</u>	11. DAYS <u>18</u>	12. IF UNDER 14 HRS. Hours Min.
--------------------	-------------------------------	---	---------------------------------------	--	---------------------	--------------------	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Real Estate Business</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Griggsville, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>Henry R. Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Chapman</u>	14. NAME OF HUSBAND OR WIFE <u>Louise E. Lewis Brown</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C.W. Brown, Columbia, Mo.</u>	ADDRESS
---	--	---	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic Heart Disease</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>C Congestive Heart failure</u> DUE TO (c) <u>Generalized atherosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia Bilateral Hypertension</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE (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 March 30, 1952, to June 5, 1952, that I last saw the deceased alive on June 5, 1952, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold H. Bohache MD</u>	23b. ADDRESS <u>Warrenton, Mo</u>	23c. DATE SIGNED <u>6-7-52</u>
--	-----------------------------------	--------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 7, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>
--	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>6-11-52</u>	REGISTRAR'S SIGNATURE <u>Floyd Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Parsons Funeral Service, Columbia, Mo.</u>	ADDRESS
---	--	--	---------

(Licensed Embalmer's Statement on Reverse Side)

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, ~~on~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Clarence M. Bello

Licensed Embalmer No. 4375

P. O. Address Columbia, 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.