

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28810**

SEP 8 1952

REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **4337** Registrar's No. **45**

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

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS		c. LENGTH OF STAY (In this place) 7 YRS.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS		d. STREET ADDRESS (If rural, give location) 322 COOPER AVE.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 322 COOPER AVE.			
3. NAME OF DECEASED (Type or Print) a. (First) MATTHA b. (Middle) BELLE c. (Last) BROWN		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 1 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 1, 1877
9. AGE (In years last birthday) 75		10. MONTH 7 IF UNDER 1 YEAR: Hours 2 IF UNDER 12 HRS. Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
11. BIRTHPLACE (City and State or Foreign Country) KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W.M. MOODY		13b. MOTHER'S MAIDEN NAME N. K.	
14. NAME OF HUSBAND OR WIFE RALPH BROWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. ✓	
17. INFORMANT'S SIGNATURE OR NAME MRS. H. R. HUGHES		ADDRESS M'ALLEN, TEX.	
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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach INTERVAL BETWEEN ONSET AND DEATH 9 mo. ANTECEDENT CAUSES Morbidity 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 None		19b. MAJOR FINDINGS OF OPERATION 151X	
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 1-11-1952 to 9-1-1952 , that I last saw the deceased alive on 9-1-1952 , and that death occurred at 8:40 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. A. Barnhill M.D.		23b. ADDRESS PARIS, MO.	
23c. DATE SIGNED 9-3-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-5-52	
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY		24d. LOCATION (City, town, or county) (State) SHELBYVILLE, MO.	
DATE REC'D BY LOCAL REG. 9-4-52		REGISTRAR'S SIGNATURE J. A. Barnhill M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Speed Blakely		ADDRESS PARIS, MISSOURI	

(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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.