

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. J. Good  
State File No. **31292**  
Registrar's No. **870**

SEP 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

396

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

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>TANEY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRBYVILLE</b>	
c. LENGTH OF STAY (in this place) <b>3 wks</b>		1060	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BAPTIST HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>/</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CORDELIA</b>	b. (Middle) <b>A.</b>	c. (Last) <b>BROWN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 21, 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Mar. 18, 1902</b>	9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOHN BICKETT</b>	13b. MOTHER'S MAIDEN NAME <b>RITTENHOUSE</b>	14. NAME OF HUSBAND OR WIFE <b>THOMAS LEE BROWN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>THOMAS LEE BROWN, KIRBYVILLE, MO.</b>	ADDRESS
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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 <b>10 mos</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Monocytic Leukemia</b>		
	ANTECEDENT CAUSES Morbid 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	19b. MAJOR FINDINGS OF OPERATION <b>2042</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from April, 1952, to Sept 21, 1952 that I last saw the deceased alive on Sept 21, 1952 and that death occurred at 11:45 p., from the causes and on the date stated above.

23. SIGNATURE <b>James T. Good</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>500 Holland Bldg - Springfield</b>	23c. DATE SIGNED <b>9-22-52</b>
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24. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9/22/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Evans Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirbyville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-23-52</b>	REGISTRAR'S SIGNATURE <b>Ernest Williamson Registrar</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman H. Lohmeyer, Springfield</b>	ADDRESS
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(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 *Lucien J. Swadlow*

Licensed Embalmer No. 48157

P. O. Address Springfield

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.