

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **32384**

SEP 24 1952

BIRTH NO.		REG. DIST. NO. 247		PRIMARY REG. DIST. NO. 4366		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granby		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granby		0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) EARL		b. (Middle) FRANKLIN		c. (Last) BROWN		4. DATE OF DEATH (Month) (Day) (Year) 9-15-1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-2-1908		9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months 2 Days 13	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Granby Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Emery Brown		13b. MOTHER'S MAIDEN NAME Allie Jarner		14. NAME OF HUSBAND OR WIFE Reatha Brown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 509-16-0238		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Reatha Brown Granby			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis 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. INTERVAL BETWEEN ONSET AND DEATH 6 mos.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION CO2X				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 June , 1952, to Sept , 1952, that I last saw the deceased alive on 9/15 , 1952, and that death occurred at 12:14 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. A. Chester, D.O.				23b. ADDRESS Granby, Mo.		23c. DATE SIGNED 9/16/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 9-18-1952		24c. NAME OF CEMETERY OR CREMATORY Granby Memorial		24d. LOCATION (City, town, or county) (State) Granby Mo	
DATE REC'D BY LOCAL REG. Sept 16/1952		REGISTRAR'S SIGNATURE M. L. Young		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Culver-Shewmake Granby			

(Licensed Embalmer's Statement on Reverse Side)

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

0730
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RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed _____

NEWTON COUNTY HEALTH UNIT

952-188

SEP 22 1952

NEOSHO, MISSOURI

OCT 7 1952

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 _____

Floyd E. Shewmake Jr.

Student Embalmer No. 453

working under my personal supervision.

Student

Floyd E. Shewmake Jr.
Student Embalmer

Signed

G. E. Culver

Licensed Embalmer No.

3584

P. O. Address

Cassville, 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.