

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39683**

FILED DEC 8 1952

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **378**

0204

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	
c. LENGTH OF STAY (in this place) 1 WK		d. STREET ADDRESS (If rural, give location) 1309 So Sneed	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bathwell Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Spencer b. (Middle) Charles c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) Dec 4, 1952		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 14, 1899		9. AGE (In years last birthday) 52 # UNDER 1 YEAR 11 Days 20 # UNDER 1 MIN. 0 Hours 0 Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Finisher		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Chas A. Brown		13b. MOTHER'S MAIDEN NAME Iva L. Burke		14. NAME OF HUSBAND OR WIFE Cleo Brown	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I		16. SOCIAL SECURITY NO. 491-07-6674		17. INFORMANT'S SIGNATURE OR NAME Mrs. Cleo Brown ADDRESS 1309 So. Sneed	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. myocarditis 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. Chr. Bright's Dis.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 11-2-2-		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., to 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 **Jan 1, 1952**, to **Dec 4, 1952**, that I last saw the deceased alive on **12-4**, 1952, and that death occurred at **5 P** m., from the causes and on the date stated above.

23a. SIGNATURE J. W. Boger M.D. (Degree or title)		23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 12/5/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 6, 1952		24c. NAME OF CEMETERY OR-CREMATORY Brown Hill		24d. LOCATION (City, town, or county) (State) Sedalia Mo	
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DATE REC'D BY LOCAL REG. 12-6-52		REGISTRAR'S SIGNATURE M. J. Campbell M.D.		25. FUNERAL DIRECTOR'S SIGNATURE M. Lauglin Pro ADDRESS Sedalia Mo	
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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 _____

James R. Ashren

Student Embalmer No. 477

working under my personal supervision.

Student *James R. Ashren*
Student Embalmer

Signed *Philip M. Langlin*

Licensed Embalmer No. 3729

P. O. Address Sedalia, 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.