

STANDARD CERTIFICATE OF DEATH

5102

State File No.

FILED FEB 24 1953

BIRTH NO. _____ REG. DIST. NO. 576 PRIMARY REG. DIST. NO. 4080 Registrar's No. 4

0170

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

1. PLACE OF DEATH a. COUNTY <u>Carroll.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne. Egypt.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne.</u>	
c. LENGTH OF STAY (In this place) <u>13 Years.</u>		d. STREET ADDRESS (If rural, give location) <u>410 South Pine Street.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>410 South Pine Street.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hennretta</u> b. (Middle) <u>Jane</u> c. (Last) <u>Brown.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 15/1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 15/ 1865.</u>	9. AGE (In years last birthday) <u>87 3/4</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House Work.</u>	11. BIRTHPLACE (State or foreign country) <u>Carroll County Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Fredrick Brown.</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Falkie.</u>	14. NAME OF HUSBAND OR WIFE <u>None.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Donna J. Creel</u> ADDRESS <u>Norborne Mo.</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis.</u>		<u>unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pneumonia bilateral.</u> <u>aspiration of vomitus</u> DUE TO (c) _____		<u>12 hours</u> <u>17 hours</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Senility at age 87</u> <u>Myocardial infarction</u>		<u>2 weeks</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>m</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Norborne Carroll Mo</u>
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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 _____
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22. I hereby certify that I attended the deceased from Jan 12 1953, to Feb 14, 1953, that I last saw the deceased alive on 2-15, 1953, and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Eileen Penniston</u> (Degree or title) _____	23b. ADDRESS <u>Carrollton Mo</u>	23c. DATE SIGNED <u>2-16-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/17/1953.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Norborne, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 17-1953</u>	REGISTRAR'S SIGNATURE <u>Eileen Penniston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Deitch</u> ADDRESS <u>Norborne Mo</u>
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APR 7 1953

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 me

working under my personal supervision.

Student Embalmer No.

Signed

John G Deitch

Signed.....
Student Embalmer

Licensed Embalmer No. 3654

P. O. Address Harbore Md

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.