

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10542**

FILED MAR 20 1953

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u> <u>0611</u>	
c. LENGTH OF STAY (In this place) <u>7 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>120 E. 4th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>120 E. 4th St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Malissa</u> b. (Middle) <u>N.M.T.</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 2 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Jan. 1, 1861</u>		9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 24 HRS: Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>College Mound, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>DeG</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marjorie Lampkin, Macon, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Lobar Pneumonia (Right Lung)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
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 <u>480X</u>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>at 9:30 am</u> <u>10:00 pm</u>	
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22. I hereby certify that I attended the deceased from March 1st, 1953 to March 1st, 1953, that I last saw the deceased alive on March 5, 1953, and that death occurred at 4:20 pm, from the causes and on the date stated above.

23. SIGNATURE <u>Dr. Carl Carroll</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Macon, Missouri</u>	
23c. DATE SIGNED <u>3/3/53</u>					

24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>Mar. 4, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Macon, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>3/5/53</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>		25. FORMAL DIRECTOR'S SIGNATURE ADDRESS <u>Lester Skilton, Macon, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 3-16-53
MACON COUNTY HEALTH DEPARTMENT
County File No. 3-53-58
Date Filed 3-19-53

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.