

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 167

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>CALLOWAY</u> <u>0143</u><br><u>2</u> |  | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTTIS</u> <u>0704</u> |   |
| b. CITY OR TOWN <u>FULTON</u> <u>MISSOURI</u>                          |  | c. CITY OR TOWN <u>Sedalia</u>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>1</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL NO 1</u>     |  | e. STREET ADDRESS (If rural, give location) <u>2011 South Engineer</u>  |   |

|                                     |                         |                           |                        |   |
|-------------------------------------|-------------------------|---------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>HILDA</u> | b. (Middle) <u>BERTHA</u> | c. (Last) <u>BROWN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY</u> <u>2</u> <u>53</u> |
|-------------------------------------|-------------------------|---------------------------|------------------------|---|

|                      |                               |   |                                   |   |   |   |
|----------------------|-------------------------------|---|-----------------------------------|---|---|---|
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>may-10-04</u> | 9. AGE (In years last birthday) <u>48</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>22</u> | IF UNDER 14 HRS. Hours <u></u> Min. <u></u> |
|----------------------|-------------------------------|---|-----------------------------------|---|---|---|

|   |   |  |                                      |
|---|---|--|--------------------------------------|
| 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>keeping own home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>pittsburg Pa</u> | 12. CITIZEN OF WHAT COUNTRY? <u></u> |
|---|---|--|--------------------------------------|

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|---|--|---|
| 13a. FATHER'S NAME <u>William Neumann</u> | 13b. MOTHER'S MAIDEN NAME <u>Augusta Wilhelm</u> | 14. NAME OF HUSBAND OR WIFE <u>Hubert M Brown</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>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u> ADDRESS <u>FULTON MO</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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>Myo-Carditis</u>  |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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>4222</u> | 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) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|---|----------------------------|

22. I hereby certify that I attended the deceased from Feb 5 53, 1953, to May 2 53, 1953, that I last saw the deceased alive on May 2 53, 1953, and that death occurred at 10:2 m., from the causes and on the date stated above.

|  |                               |                                |
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| 23. SIGNATURE <u>[Signature]</u> (Degree or title) | 23b. ADDRESS <u>Fulton Mo</u> | 23c. DATE SIGNED <u>5/2/53</u> |
|--|-------------------------------|--------------------------------|

|   |                         |   |   |
|---|-------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5/4/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Truman Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u> |
|---|-------------------------|---|---|

|  |   |  |
|--|---|--|
| DATE REC'D BY LOCAL REG. <u>May-2-1953</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>426</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Sedalia</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 1 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Diane Ewing*.....

Licensed Embalmer No. *384*

P. O. Address *Sedalia*

\* 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.