No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15078

FILED APR 20 1953

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5820 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY: New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gideon
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gideon 0750
d. STREET ADDRESS (If rural, give location): Gideon Mo. 0

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Ella c. (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year): April 15/53

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 18.1872
9. AGE (In years last birthday): 80 IF UNDER 1 YEAR Months 10 Days IF UNDER 24 HRS. Hours 13 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Belmont Ill.
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME: Orean Henry Brown
13b. MOTHER'S MAIDEN NAME: Sindy Tigg
14. NAME OF HUSBAND OR WIFE: Zetta E. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 490-18i996
17. INFORMANT'S SIGNATURE OR NAME: Otis Brown ADDRESS: Gideon Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexia — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) age.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none 334X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): nO
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? none

22. *I hereby certify that I attended the deceased from* April 15, 19 53, *to* april 15, 19 53, *that I last saw the deceased alive on* April 15, 19 53, *and that death occurred at* 2. p m., *from the causes and on the date stated above.*

23a. SIGNATURE: B. E. Eccles Or (Degree or title) M.D.
23b. ADDRESS: Gideon MO.
23c. DATE SIGNED: 4/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4-17-53
24c. NAME OF CEMETERY OR CREMATORY: New Malden
24d. LOCATION (City, town, or county) (State): Malden Mo

DATE REC'D BY LOCAL REG.: 4-18-53
REGISTRAR'S SIGNATURE: Mrs. F. G. Hopkins 456-
25. FUNERAL DIRECTOR'S SIGNATURE: Lloyd M Russell ADDRESS: Piggott Ark

(Licensed Embalmer's Statement on Reverse Side)

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

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Lloyd M. Russell

Licensed Embalmer No. 509 - Ark

P. O. Address Siggett, Ark

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.