.S. No. 300
EV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18499

BIRTH NO. FILED JUN 8 1953 REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meramec Rural
c. LENGTH OF STAY (in this place): 39 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Catawissa Mo RR #1

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Mo
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Meramec Township
d. STREET ADDRESS (If rural, give location): Catawissa RR #1 0500 0

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): —
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): May 20 - 1953

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Dec 18 - 1868
9. AGE (In years last birthday): 84 | IF UNDER 1 YEAR: Months 5 Days 2 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Lonedell (Franklin Co) Mo
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Wm Brown
13b. MOTHER'S MAIDEN NAME: Julia Fischer
14. NAME OF HUSBAND OR WIFE: Molly Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Albert S. Brown ADDRESS: Catawissa RR #1

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) Uremia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-Vascular-renal disease
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 442 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 1952 *to* May 20, 1953 *that I last saw the deceased alive on* May 19, 1953, *and that death occurred at* 2:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. F. Fox M.D.
23b. ADDRESS: Washington Mo
23c. DATE SIGNED: 5/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 22 - 1953
24c. NAME OF CEMETERY OR CREMATORY: Calvey Baptist Cem.
24d. LOCATION (City, town, or county): Robertsville RR (State) Mo.

DATE REC'D BY LOCAL REG.: May 30-53
REGISTRAR'S SIGNATURE: Ruth Jirsa 438
25. FUNERAL DIRECTOR'S SIGNATURE: Brummer Funeral Home ADDRESS: House Springs

(Licensed Embalmer's Statement on Reverse Side)

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

Phone Washington 5- Dr J. P. Post Washington Mo Clm Street 1 0500

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JUN 3 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed John H. Brimmer

Signed.....
Student Embalmer

Licensed Embalmer No. 1470

P. O. Address House Springs 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.