

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24310

State File No.

BIRTH NO.		REG. DIST. NO. <u>29</u>		PRIMARY REG. DIST. NO. <u>5373</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>DeKalb Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>DeKalb Co.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maysville Mo. <i>Candler</i></u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maysville Mo. <i>Candler</i></u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MapleLawn rest home</u>				d. STREET ADDRESS (If rural, give location) <u>MapleLawn Rest Home.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Jennie</u>		b. (Middle) <u>Dow</u>		c. (Last) <u>Brown</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7.29.1953.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		8. DATE OF BIRTH <u>7.26.1881</u>		9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 1222. Hours <u>0</u> Mins. <u>0</u>	
11a. BIRTHPLACE (State or foreign country) <u>Ohio</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Richard H. Nimmis</u>		13b. MOTHER'S MAIDEN NAME <u>Lottie Farmington</u>		14. NAME OF HUSBAND OR WIFE <u>Chester</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lilah E. Brown, Clam Lake Wisc.</u>			
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* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 <u>6 yrs</u> <u>2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1, 1953</u> to <u>7.29.1953</u> , that I last saw the deceased alive on <u>7/29, 1953</u> , and that death occurred at <u>1:30 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mr. Harold Fowler D.D.</u>				23b. ADDRESS <u>Maysville Mo.</u>		23c. DATE SIGNED <u>7.31.53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8.1.1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King City</u>		24d. LOCATION (City, town, or county) (State) <u>King City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-31-53</u>		REGISTRAR'S SIGNATURE <u>Rose Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Haggard</u>		ADDRESS <u>King City Mo</u>	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

R. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.