THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25458

FILED AUG 3 1953

BIRTH NO. _____ REG. DIST. NO. 1660 PRIMARY REG. DIST. NO. 4603 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Grover Twn.
c. LENGTH OF STAY (In this place): 7 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 mi. N.W. of Knob Noster

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Knob Noster 0510
d. STREET ADDRESS (If rural, give location): 0

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

4. DATE OF DEATH (Month) (Day) (Year): July 25, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 12, 1876
9. AGE (In years last birthday): 77 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Chillicothe, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: John William Brown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Mary M. Brown, (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Spanish Amer.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mr. Dale Brown, RFD Knob Noster, 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) Chr. Valvular Disease — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ✓

DUE TO (c) ✓

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: ✓ 4214
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): Knob Noster Johnson Mo.
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 June 1, 1953 to July 25, 1953, that I last saw the deceased alive on July 25, 1953 and that death occurred at 6:55 a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R.W. Rhoads MD
23b. ADDRESS: Knob Noster Mo.
23c. DATE SIGNED: July 25 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 26, 1953
24c. NAME OF CEMETERY OR CREMATORY: Adams Memorial Cemetery
24d. LOCATION (City, town, or county) (State): 12 mi. S.W. of Knob Noster, Mo.

DATE REC'D BY LOCAL REG.: July 26, 1953
REGISTRAR'S SIGNATURE: Erma L. Beatty, Reg.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: W. Raymond Baker, Knob Noster, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 29 1953

AUG 4 1953

RECEIVED
JUL 29 1953
JOHNSON COUNTY HEALTH DEPT.

AUG 20 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 .....
Student Embalmer

Signed W. Raymond Baker

Licensed Embalmer No. ~~[illegible]~~ 4616

P. O. Address Knob Noster, 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.