

S. No. 900  
V. 10-48

FILED JUL 31 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26174  
Registrar's No. 6807

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6807			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.)		c. LENGTH OF STAY (In this place) 1 Day		c. CITY OR TOWN New Madrid		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				e. STREET ADDRESS (If rural, give location) 0721					
3. NAME OF DECEASED (Type or Print) a. (First) Manuel			b. (Middle)		c. (Last) Brown		4. DATE OF DEATH (Month) 7 (Day) 9 (Year) 53		
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Not Known		9. AGE (In years last birthday) About 65	
10a. USUAL OCCUPATION (If's kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ark.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Not Known			13b. MOTHER'S MAIDEN NAME Not Known			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Esthers Brown 44327 Washing				
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) Purulent Meningitis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peritonitis DUE TO (c) Carcinoma of Stomach with metastasis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 3 Weeks 6 Months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) 151X		21d. (COUNTY)		21e. (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 7/8, 1953, to 7/9, 1953, that I last saw the deceased alive on 7/9, 1953, and that death occurred at 4:15 a.m., from the causes and on the date stated above.									
23a. SIGNATURE Richard V. Bradley (Degree or title) M.D. D				23b. ADDRESS Barnes Hospital			23c. DATE SIGNED 7/9/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-10-53		24c. NAME OF CEMETERY OR CREMATORY New Madrid Mo		24d. LOCATION (City, town, or county) New Madrid Mo		24e. (State)	
DATE REC'D BY LOCAL REG. JUL 10 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. Beal and Co 4303 Delmar Blvd.				

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

JUL 31 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 Emmanuel Brown Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Daniel Hughes

Licensed Embalmer No. 480

P. O. Address.....

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.