

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27995**

FILED SEP 14 1953

BIRTH NO. _____		REG. DIST. NO. 389		PRIMARY REG. DIST. NO. 5207		Registrar's No. 12		
1. PLACE OF DEATH a. COUNTY Carroll				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural (Hill Twn.)		c. LENGTH OF STAY (In this place) 70 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural (Hill Twn.)		0170		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) Hilda			a. (First)			b. (Middle)		
			c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) Aug. 20th, 1953		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH July 27, 1891		
						9. AGE (In years last birthday) 82 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Hill Twn., Carroll County Mo		12. CITIZEN OF WHAT COUNTRY? U. S.		
13a. FATHER'S NAME Edward Brown			13b. MOTHER'S MAIDEN NAME Mary Ann Noble			14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. H. Brown, Dawn, Missouri				
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) Heroin usage, 9-1 tract ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Triplegia, type unknown of 2-2 tract DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malignant hypertension						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 159X				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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:45p.m. from the causes and on the date stated above.								
23a. SIGNATURE Charles H. Grace M.D.				23b. ADDRESS Chillicothe, Missouri		23c. DATE SIGNED 2 Aug 1953		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-23-53		24c. NAME OF CEMETERY OR CREMATORY Enon Cem.		24d. LOCATION (City, town, or county) (State) Dawn, Missouri		
DATE REC'D BY LOCAL REG. Sept 11, 1953		REGISTRAR'S SIGNATURE Mrs Rex Henderson		25. FUNERAL DIRECTOR'S SIGNATURE Mead's Funeral Service		ADDRESS Braymer, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

APR 19 1954

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

Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.