

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Simpson 32344
State File No.

FILED OCT 23 1953

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 331

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>	c. LENGTH OF STAY (If in place) <u>2 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u> <u>0582</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brookfield Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>239 East Blayton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>JANE</u> c. (Last) <u>DEEM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-4-1953</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED/NEVER MARRIED, WIDOWED/DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb-17-1878</u>	9. AGE (In years) last birthday <u>70</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>17</u>	IF OVER 1 YEAR Years <u>70</u> Months <u>7</u> Days <u>17</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>New Bannria Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Thomas Bannion</u>	13b. MOTHER'S MAIDEN NAME <u>Baroline P Tree</u>	14. NAME OF HUSBAND OR WIFE <u>B M Deem</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>B M Deem</u>	ADDRESS <u>Brookfield Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of liver</u>		
	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 <u>none</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Brookfield Mo</u>
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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?
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22. I hereby certify that I attended the deceased from Nov 1951, to 10-4, 1953, that I last saw the deceased alive on 10-5, 1953, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W B Simpson MD</u>	(Degree or title)	23b. ADDRESS <u>Brookfield Mo</u>	23c. DATE SIGNED <u>10-5-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct-5-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-6-53</u>	REGISTRAR'S SIGNATURE <u>Madier Kumbach</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W R Blacklock</u>	ADDRESS <u>Brookfield Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

582
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66666
JAN 21 1956

JUL 21 1956

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 J. M. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.