

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35321

State File No.

FILED OCT 16 1953

BIRTH NO. _____ REG. DIST. NO. **67** PRIMARY REG. DIST. NO. **4118** Registrar's No.

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Christian	
b. CITY OR TOWN Sparta		c. CITY OR TOWN Sparta	
c. LENGTH OF STAY (in this place) 14 Years		d. STREET ADDRESS (If rural, give location) No Street Address	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print) a. (First) NORA b. (Middle) ALICE c. (Last) BROWN			4. DATE OF DEATH (Month) (Day) (Year) August 20-1953		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 4-1868		9. AGE (In years last birthday) 85		# UNDER 1 YEAR Months _____ Days _____		# UNDER 4 WKS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY --			11. BIRTHPLACE (State or foreign country) Kansas			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Nicholas Gann			13b. MOTHER'S MAIDEN NAME Lou Moore			14. NAME OF HUSBAND OR WIFE Robert Brown		
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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) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Robert Brown				ADDRESS Sparta, Missouri			
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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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septic Poisoning		DUPLICATE									
ANTECEDENT CAUSES		DUPLICATE									
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE									
DUPLICATE		DUPLICATE									
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE									
Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		
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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 Jan. 1953, to Aug 20, 1953, that I last saw the deceased alive on Aug 19, 1953, and that death occurred at 8:30am, from the causes and on the date stated above.

23a. SIGNATURE <i>R. Marvin H. ...</i> (Degree or title)			23b. ADDRESS Sparta, Mo.			23c. DATE SIGNED Aug 16 1953		
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-23-1953		24c. NAME OF CEMETERY OR CREMATORY Chadwick Cemetery		24d. LOCATION (City, town, or county) (State) Chadwick, Missouri			
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Oct 13, 1953 <i>Emma Jean Hughes</i>		454		25. FUNERAL DIRECTOR'S SIGNATURE <i>John ... Harris</i>				ADDRESS Clever, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48
201

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 John Alan Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.