

State File No. ....

FILED NOV 2 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 224

1. PLACE OF DEATH a. COUNTY <b>JOHNSON</b> <i>HENRY</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b> <i>2800</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WINDSOR</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LAMONTE</b> <i>1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gray Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clara</b>		b. (Middle) <b>Helen</b> c. (Last) <b>Brown</b>	
4. DATE OF DEATH <b>Oct 20, 1953</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Dec 18, 1872</b>	
9. AGE (In years last birthday) <b>80</b>		10. IF UNDER 1 YEAR Months <b></b> Days <b></b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Butler</b>		13b. MOTHER'S MAIDEN NAME <b>Loretta Donnelly</b>	
14. NAME OF HUSBAND OR WIFE <b>John W. Brown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Norman Brown, R 2, Slater, Mo.</b>		ADDRESS <b></b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocardial disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b></b>  DUE TO (c) <b></b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH <b></b>	
19a. DATE OF OPERATION <b></b>		19b. MAJOR FINDINGS OF OPERATION <b>443X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b></b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b></b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b></b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b></b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b></b>			
22. I hereby certify that I attended the deceased from <b>Apr 12, 1953</b> , to <b>Oct 20, 1953</b> , that I last saw the deceased alive on <b>Oct 18, 1953</b> , and that death occurred at <b>5:45 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. A. Hite M.D.</b>		23b. ADDRESS <b>Green Ridge Mo</b>	
23c. DATE SIGNED <b>10-23-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/22/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Green Ridge Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Green Ridge, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Oct 21-53</b>		REGISTRAR'S SIGNATURE <b>Flora Adair</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Flora Adair</b>		ADDRESS <b>Sedalia, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

*R. E. Baker*

Licensed Embalmer No.

*2419*

P. O. Address

*Seclalia 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.