FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39475

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 243

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage Mo
c. LENGTH OF STAY (In this place): yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McClune Brooks Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
d. STREET ADDRESS (If rural, give location): 205 so. River St

3. NAME OF DECEASED (Type or Print)
a. (First): Rosetta
b. (Middle):
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): Dec 2 1953

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: July 20, 1896

9. AGE (In years last birthday): 57 — If under 1 year: Months 4, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: house work

11. BIRTHPLACE (City and State or Foreign Country): Greenfield Mo.

12. CITIZEN OF WHAT COUNTRY?: usa

13a. FATHER'S NAME: Emunal Brown

13b. MOTHER'S MAIDEN NAME: Jane Brown

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME: Lottie Brown **ADDRESS**: Carthage Mo

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) Chronic Cardiovascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: several yrs.

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

19b. MAJOR FINDINGS OF OPERATION: 442X

20. AUTOPSY? YES ☐ NO ☑

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 22 Nov '53 *19*____, *to* 2 Dec '53 *19*____, *that I last saw the deceased alive on* 2 Dec '53 *19*____, *and that death occurred at* 10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H E Bond M. D.

23b. ADDRESS: Carthage Mo

23c. DATE SIGNED: 2 Dec '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Dec 4, 1953

24c. NAME OF CEMETERY OR CREMATORY: Park

24d. LOCATION (City, town, or county) (State): Carthage Mo

DATE REC'D BY LOCAL REG.: 12-3-53

REGISTRAR'S SIGNATURE: 139 L. B. Clinton M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W.R. Allison Greenfield Mo.

(Licensed Embalmer. See Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE 4 PERMANENT

RECEIVED DEC 8 1953
Jasper County Health Office
County File Number 53-12-981
Date Filed DEC 9 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 .....
....., Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed M. R. Allison
Licensed Embalmer No. 4404
P. O. Address Greenfield 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.