

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43741

State File No.

No. 300
10. 48

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 17

0142
0

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

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Graham-rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS <u>0 740</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Otis</u> b. (Middle) <u>T</u> c. (Last) <u>Brown</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-11-1953</u>
---	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>7-22-1886</u>	9. AGE (In years last birthday) <u>67</u>	# UNDER 1 YEAR Months Days	# UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	--	--------------------------------------	--	---------------------------------	---------------------------------

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Graham-Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	---

13a. FATHER'S NAME <u>Wm. H. Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Chamberlain</u>	14. NAME OF HUSBAND OR WIFE <u>Della Brown</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no for unknown) (If yes, give branch or service) <u>yes W.V.I.</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Della Brown</u>	ADDRESS <u>Graham Mo</u>
---	---	--	-----------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>11 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis & uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Muscular dystrophy & paralysis</u>		
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 <u>7441x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 12-7, 1953, to 12-11, 1953, that I last saw the deceased alive on 12/10, 1953, and that death occurred at 1:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.C. Bassman M.D.</u>	23b. ADDRESS <u>1318 Main Maryville Mo</u>	23c. DATE SIGNED <u>12/12/53</u>
--	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-13-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Graham Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Graham-Mo</u>
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>12-19-53</u>	REGISTRAR'S SIGNATURE <u>Gess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>G.M. Ottum</u>	ADDRESS <u>Maryville Mo.</u>
---	---	---	---------------------------------

JAN 15 1956

FEB 1 1955

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

G. M. Alchisare

Licensed Embalmer No. 2279

P. O. Address *Manly Rd. M*

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.