

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

1080

State File No. \_\_\_\_\_

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 310

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Odessa</u> <u>0540</u>	
c. LENGTH OF STAY (in this place) <u>4 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>313 S 3rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1008 E Franklin</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ETTA</u> b. (Middle) <u>MABEL</u> c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 6 1954</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec 12 1875</u>		9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
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 <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>	
				12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>John Brashear</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Wood S Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Slays Clinton</u>	
				ADDRESS <u>Clinton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho (hepatic) pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u>			<u>3 days</u>
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive cardio-vascular disease</u>			<u>2 year</u>

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>h</u>		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) <u>no</u>		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 July 1953, to Feb 1954, that I last saw the deceased alive on Feb 5, 1954, and that death occurred at 6 P M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. B. Weyman, M.D.</u>		23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>7/6/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/9/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Lafayette County, Missouri</u>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Feb 9 1954 Florence Odess</u>		25. FUNERAL HOME OR PLACE OF BURIAL <u>Wood &amp; Wilkinson Funeral Home</u>		ADDRESS <u>Clinton Mo</u>	
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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

*F. L. Schaubert*

Licensed Embalmer No.

*4513*

P. O. Address

*Clinton Miss*

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.