

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1839

State File No.

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

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5621 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY KNOX	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 3 mi N. W. Edina	c. LENGTH OF STAY (In this place) 11 months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 3 mi N. W. Edina EAST IVON, Tenn	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence		d. STREET ADDRESS (If rural, give location) 0520	

3. NAME OF DECEASED (Type or Print) a. (First) Malinda	b. (Middle) Lee	c. (Last) Day	4. DATE OF DEATH (Month) (Day) (Year) Feb 8, 1954
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 28, 1877	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days 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 Housewife	11. BIRTHPLACE (State or foreign country) Knox County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William V. Brown	13b. MOTHER'S MAIDEN NAME Maranda E. Prosser	14. NAME OF HUSBAND OR WIFE James Wiley Day
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 0	16. SOCIAL SECURITY NO. 0	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dewey Fox	ADDRESS Hurdland, Mo
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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 4 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory collapse		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Chronic Portal cirrhosis		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Feb 4, 1954, to Feb 5, 1954, that I last saw the deceased alive on Feb 5, 1954, and that death occurred at 11:25 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Deanne L. ...</i>	23b. ADDRESS Edina, Mo	23c. DATE SIGNED Feb 11 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb 8, 1954	24c. NAME OF CEMETERY OR CREMATORY Hurdland I.O.O.F. cemetery	24d. LOCATION (City, town, or county) (State) Hurdland, Missouri
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DATE REC'D BY LOCAL REG. Feb 11 1954	REGISTRAR'S SIGNATURE <i>Helle S. Hunter</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>A. G. ...</i>	ADDRESS Edina, Mo
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MAY 10 11 30 AM '48

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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 Mrs J. W. Anderson

Licensed Embalmer No. 2972

P. O. Address Edina 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.