

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

1845

State File No.

No. 300
10.48

BIRTH NO. **FILED FEB 9 1954** REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 27

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

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laquey, Missouri	
c. LENGTH OF STAY (in this place) Unknown		d. STREET ADDRESS (If rural, give location) None	
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) C. c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan 20, 1873
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	11. BIRTHPLACE (City and State or Foreign Country) King City, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ida Wehlein
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Harry Brown ADDRESS 1312 S. 20rd St. Port Dodge, Iowa
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) myocarditis and myocardial degeneration INTERVAL BETWEEN ONSET AND DEATH (?) 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 4222	
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) (m.)		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 <u>1-25, 1954</u> , to <u>1-27, 1954</u> , that I last saw the deceased alive on <u>1-27, 1954</u> , and that death occurred at <u>4:40</u> m., from the causes and on the date stated above.			
23a. SIGNATURE R. E. Harrell, M.D. (Degree or title)		23b. ADDRESS Lebanon, Missouri	
23c. DATE SIGNED 1-29-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan/30/54	
24c. NAME OF CEMETERY OR CREMATORY County Cemetery		24d. LOCATION (City, town, or county) (State) Waynesville, Missouri	
DATE REC'D BY LOCAL REG. 2-2-1954		REGISTRAR'S SIGNATURE Hella L. Gray	
25. FUNERAL DIRECTOR'S SIGNATURE Billy James Hedges		ADDRESS Hedges Funeral Home, Waynesville, MO	

FEB 6 1954

VS NOV 2

1959
Pile No. 2-54-28
Date Filed FEB 8 1954

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 Clarence Thross

Licensed Embalmer No. 4896

P. O. Address Waymouth

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.