

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2002

FILED FEB 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187. PRIMARY REG. DIST. NO. 4302 Registrar's No. 51d

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chula</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chula</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>No street address</b>		d. STREET ADDRESS (If rural, give location) <b>No street address</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>SYLVIA</b>		b. (Middle) <b>MARIE</b>	
		c. (Last) <b>BROWN</b>	
		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 24, 1954</b>	
5. SEX <b>Fem.</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 22, 1902</b>
9. AGE (In years last birthday) <b>51</b>		10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Livingston Co., Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>James Pencil</b>	
		13b. MOTHER'S MAIDEN NAME <b>Mary R. Grime</b>	
		14. NAME OF HUSBAND OR WIFE <b>Herbert Brown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give year or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>XX</b>	
		17. INFORMANT'S SIGNATURE OR NAME <b>Herbert Brown - Chula, Mo.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sarcinoma of axillary lymph nodes M.a. with metastasis to cerebrum</b> 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. <b>1981</b>	
19a. DATE OF OPERATION <b>Dec 18 1953</b>		19b. MAJOR FINDINGS OF OPERATION <b>Don't know</b>	
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 <b>Jan 18, 1954</b> , to <b>Jan 24, 1954</b> , that I last saw the deceased alive on <b>Jan 23, 1954</b> , and that death occurred at <b>6 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. W. Carpenter M.D.</b>		23b. ADDRESS <b>Chillicothe, Mo.</b>	
23c. DATE SIGNED <b>1-25-1954</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 27, 1954</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Columban Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Chillicothe, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>FILED FEB 1 1954</b>		REGISTRAR'S SIGNATURE <b>Clyde A. Budgett</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>Donald Jordan - Chillicothe Mo</b>	
		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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 *Ronald Gordon*

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe 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.