

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7526

State File No. ....

BIRTH NO. FILED MAR 15 1954 REG. DIST. NO. 35<sup>2</sup> PRIMARY REG. DIST. NO. 4517 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN <u>Branson MO</u>	c. LENGTH OF STAY (in this place) <u>Five Days</u>	c. CITY OR TOWN <u>Protem</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stags Canon Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>Star Route 1060</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baxter</u> b. (Middle) <u>Chapman</u> c. (Last) <u>Brown</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-8-54</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-5-1879</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Austin Brown</u>	13b. MOTHER'S MARDEN NAME <u>Mary Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>Mary W. Brown</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. B.C. Brown</u> ADDRESS <u>Protem MO</u>
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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 <u>3 days</u>  <u>10 years</u>  <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>prostatic Hypertrophy</u> DUE TO (c) <u>Arteriosclerosis Generalized</u> Arteriosclerotic Heart disease		

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 2, 1952, to 3-8, 1954, that I last saw the deceased alive on 3-8, 1954, and that death occurred at 4:35 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>W.C. Maguire M.D.</u> (Degree or title)	23b. ADDRESS <u>Branson, MO.</u>	23c. DATE SIGNED <u>3-11-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-9-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Protem</u>	24d. LOCATION (City, town, or county) (State) <u>Protem MO</u>
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DATE REC'D BY LOCAL REG. <u>3-12-54</u>	REGISTRAR'S SIGNATURE <u>J.E. Cogswell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Wheelock</u> ADDRESS <u>Branson 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.....  
Signature of Student Embalmer

Signed *Minnie L. Gabelschel*.....

Licensed Embalmer No. *227*.....

P. O. Address *Brunson*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**