No. 300
10.48

FILED APR 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10859

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6095 Registrar's No. 53

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

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY OR TOWN Marshall Township Rural
c. LENGTH OF STAY (in this place) 2 Yrs. 5 Mo. 2
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo. State School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brow[illegible] Marshall Township
d. STREET ADDRESS (If rural, give location) No record

3. NAME OF DECEASED (Type or Print)
a. (First) Evelyn
b. (Middle) Marie
c. (Last) Brown

4. DATE OF DEATH (Month) March (Day) 30 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH Dec. 14, 1928
9. AGE (In years last birthday) 25 — IF UNDER 1 YEAR: Months 3, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Browning, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Orval Ray Brown
13b. MOTHER'S MAIDEN NAME Frankie Leona Ishmael
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mo. State School Records

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) acute nephritis — 2 Mo.

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
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 28, 1954, *to* Mar 30, 1954, *that I last saw the deceased alive on* Mar 30, 1954, *and that death occurred at* 6:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Virgil E. Shade (Degree or title) M.D.
23b. ADDRESS Mo. State School
23c. DATE SIGNED 3-30-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 4/1/54
24c. NAME OF CEMETERY OR CREMATORY Edgewood Cem.
24d. LOCATION (City, town, or county) (State) Chillicothe Mo.

DATE REC'D BY LOCAL REG. 3-30-1954
REGISTRAR'S SIGNATURE Sidney T. Gray 385
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Elton D. Marson Chillicothe Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 J. Leslie Dussney

Licensed Embalmer No. 3235

P. O. Address Marshall, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.