

No. 300
10.48

680

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12744

State File No.

FILED APR 29 1954

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 5797 Registrar's No. V

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural, Willow Fork</u>)		c. CITY OR TOWN <u>Tipton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>17yrs</u>		e. STREET ADDRESS (If rural, give location) <u>1 Mile North Tipton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile North Tipton</u>			

3. NAME OF DECEASED (Type or Print) <u>Elizabeth O. Brown</u>			4. DATE OF DEATH <u>Apr. 22, 1954</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec. 14, 1852</u>		9. AGE (In years last birthday) <u>91</u>		if UNDER 1 YEAR Months	if UNDER 24 Hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pontotoc, Mississippi</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>W P. Orne</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Dandridge</u>		14. NAME OF HUSBAND OR WIFE <u>Charles F. Brown, Dead</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jake Zulauf, Tipton, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>1954</u>

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intest carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1954</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbidity 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		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) (Min.)		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 Feb. 8th, 1950, to Apr. 22, 1954, that I last saw the deceased alive on April, 22, 1954, and that death occurred at 5:50P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. J. Potts M.D.</u>		23b. ADDRESS <u>Tipton, Mo.</u>		23c. DATE SIGNED <u>Apr. 24, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Apr. 24, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blytheville</u>	
24d. LOCATION (City, town, or county) (State) <u>Blytheville, Arkansas</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Tipton</u> ADDRESS <u>203-0</u>			
DATE REC'D BY LOCAL REG. <u>Apr. 24-1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudson</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *Jessie E. Richards*
Licensed Embalmer No. *246*
P. O. Address *Tipton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.