

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15178

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5182 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY OR TOWN <u>Rural Shawanee</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Shawanee</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile N. Neely Landing</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile N. Neely Landing</u> ⁰¹⁶⁰	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>EVERETT</u> c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1954</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 31-1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Jonesboro Ill</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.C.</u>		13a. FATHER'S NAME <u>William Brown</u>	
13b. MOTHER'S MAIDEN NAME <u>Ellen Cruise</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Drum Brown</u>	
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 ADDRESS <u>Roy Brown St Genevieve Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>UREMIA</u>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
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"/>		447X	
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 <u>May 7, 1954</u> , to <u>May 14, 1954</u> , that I last saw the deceased alive on <u>May 7, 1954</u> , and that death occurred at <u>3:25 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. N. Jaeger MD</u>		23b. ADDRESS <u>Jackson, Mo</u>	23c. DATE SIGNED <u>May 17, 1954</u>
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 16, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Hill</u>	24d. LOCATION (City, town, or County) (State) <u>near Neely Landing Mo</u>
DATE REC'D BY LOCAL REG. <u>MAY 24 1954</u>	REGISTRAR'S SIGNATURE <u>Byrd A. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Miller Jackson Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1961 T. NIP

39

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 Gene O. Crawford

Licensed Embalmer No. 43217

P. O. Address Acron, 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.