S. No. 300
v. 10-48

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17572

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 81

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

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall, Mo.
c. LENGTH OF STAY (in this place): 54Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North Ted-No street Number

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall
0972
0
d. STREET ADDRESS (If rural, give location): 784 W. Thomas

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Dewey
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): May 12 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: April 19-1900
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months 0 Days 23 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paint Contractor
10b. KIND OF BUSINESS OR INDUSTRY: House Painting
11. BIRTHPLACE (State or foreign country): Marshall, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Gus Abraham Brown
13b. MOTHER'S MAIDEN NAME: Mary Lee Raines
14. NAME OF HUSBAND OR WIFE: Estelle K. Brown-Marshall

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.: 492-14-0144
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Estelle Brown-Marshall, Mo. — ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension.
DUE TO (c): Asthma.

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: 241X
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* Made investigation May 13 *19*__, *to* 1954, *19*__, *that I last saw the deceased alive on* _____, *19*__, *and that death occurred at* 4:39 p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. L. Lawless M.D., Coroner Saline Co.
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: 5-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-15-1954
24c. NAME OF CEMETERY OR CREMATORY: Ridge Park
24d. LOCATION (City, town, or county) (State): Marshall Missouri

DATE REC'D BY LOCAL REG.: 5-14-1954
REGISTRAR'S SIGNATURE: Sidney T Gray 385 0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: J. Leslie Swearing - Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1965

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 Swaney
Licensed Embalmer No. 235
P. O. Address Marshall, 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.