FILED JUL 7 1954

No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18722

BIRTH NO. ____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4221 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: Holt
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mound City
c. LENGTH OF STAY (In this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Holt
c. CITY OR TOWN: Mound City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 8440

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

4. DATE OF DEATH (Month) (Day) (Year): June 25, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 1, 1887
9. AGE (In years on last birthday): 66
If under 1 year: Months ____ Days ____
If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: In the Home
11. BIRTHPLACE (City and State or Foreign Country): Washington, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Augustus South
13b. MOTHER'S MAIDEN NAME: Sarah E. Wilson
14. NAME OF HUSBAND OR WIFE: Truel L. Brown

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: Truel L. Brown
ADDRESS: Mound City, Mo.

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) Carcinoma head of Pancreas — Interval between onset and death: Unknown

ANTECEDENT CAUSES

Morbid 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. 157 X

19a. DATE OF OPERATION: Feb 29, 1954
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Head of Pancreas.
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* Dec 31, 1953 *to* June 25, 1954, *that I last saw the deceased alive on* June 25, 1954 *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jesse F. Sweeney (Degree or title): M.D.
23b. ADDRESS: Oregon, Missouri
23c. DATE SIGNED: 6-26-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-27-54
24c. NAME OF CEMETERY OR CREMATORY: Mount Hope
24d. LOCATION (City, town, or county) (State): Mound City, Mo.

DATE REC'D BY LOCAL REG.: 6-28-54
REGISTRAR'S SIGNATURE: James H. Crawford 464
25. FUNERAL DIRECTOR'S SIGNATURE: James H. Crawford
ADDRESS: Mound City, 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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James H Crawford

Licensed Embalmer No. 479

P. O. Address Mound City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.