

FILED AUG 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22368**

BIRTH NO. _____ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **5188** Registrar's No. **54**

0160
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Gir | |
| b. CITY (If outside rural and give township) Crump, Mo | c. LENGTH OF STAY (In this place) Life | c. CITY (If outside corporate limits, write RURAL and give township) Crump, Mo | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION at Home | | d. STREET ADDRESS (If rural, give location) White Water, Rt. 1 - Liberty township | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) MOLLIE b. (Middle) ISABELLE c. (Last) BROWN | 4. DATE OF DEATH (Month) (Day) (Year) JULY 18 54 |
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|----------------------|-------------------------------|--|--------------------------------------|--|
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH July 30 1873 | 9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months 11 Days 13 IF UNDER 2 HRS. Hours 0 Min. 0 |
|----------------------|-------------------------------|--|--------------------------------------|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Oak Ridge, Mo | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME William Moore | 13b. MOTHER'S MAIDEN NAME Sarah Seabaugh | 14. NAME OF HUSBAND OR WIFE William Brown |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE AND ADDRESS Lillie Jones Crump, Mo |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia | | INTERVAL BETWEEN ONSET AND DEATH 4 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) Hemorrhage of Brain | | 14 days |
| | DUE TO (c) Hardening of arteries | | 4 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. High Blood Pressure | | | 4 years |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION no operation | 20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) no | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331 X |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no injury | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? no injury |
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22. I hereby certify that I attended the deceased from **Sept 10, 1954**, to **July 18, 1954**, that I last saw the deceased alive on **July 18, 1954** and that death occurred at **1:00 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE John M. Finney | (Degree or title) | 23b. ADDRESS Leof 301 of Mo | 23c. DATE SIGNED July 19 54 |
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| 24a. BURIAL CREMATION REMOVAL (Specify) Burial | 24b. DATE 7-19-54 | 24c. NAME OF CEMETERY OR CREMATORY Public Chapel Cemetery | 24d. LOCATION (City, town, or county) (State) Cape Girardeau Co Mo |
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| DATE RECORDED LOCAL REG. July 23 54 | REGISTRAR'S SIGNATURE D. F. Fisher | 43 | 25. FUNERAL DIRECTOR'S SIGNATURE Wm N. Meyer | ADDRESS Adrian, Mo |
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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 William H. Mayne

Licensed Embalmer No. 4649

P. O. Address Adams, 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.