

STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Chanton Twp.</u>	
c. LENGTH OF STAY (If in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles southeast Glasgow</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>			
3. NAME OF DECEASED a. (First) <u>ALICE</u> b. (Middle) <u>HAYDEN</u> c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 7, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 10, 1875</u>
9. AGE (In years) <u>79</u> 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, or if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Robertson</u>		13. MOTHER'S MAIDEN NAME <u>Georgia Gibbs</u>	
14. NAME OF HUSBAND OR WIFE <u>James R. Brown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, no. or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marcell Dussart</u>		ADDRESS <u>Glasgow, Mo.</u>	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of sigmoid</u>		6 mo?	
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		153 X	
21a. ACCIDENT SURTURAL (Specify) <u>Suratural</u>		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>July</u> , 19 <u>53</u> , to <u>Sept 7</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 6</u> , 19 <u>54</u> , and that death occurred at <u>3:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. J. Shaw, Jr. M.D.</u>		23b. ADDRESS <u>Lee Hoop, Fayette, Mo.</u>	
23c. DATE SIGNED <u>9-9-54</u>			
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24. DATE <u>Sept. 9, 1954</u>	
25. NAME OF CEMETERY OR CREMATORY <u>Pleasant Green</u>		24. LOCATION (City, town, or county) (State) <u>Near Glasgow Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-9-54</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u> 436	
FUNERAL DIRECTOR'S SIGNATURE <u>Shudaly</u>		ADDRESS <u>Tremont Glasgow Mo.</u>	

SEP 16 1957

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *E. H. Richmond*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *3978*.....

P. O. Address *Glasgow, 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.