

FILED OCT 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35032

State File No.

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4459 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola</u>		c. CITY OR TOWN <u>Osceola</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Todd's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Waites Rest Home</u> <u>0930</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) _____ c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept; 30, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (1950-1954) <u>Never married</u>	8. DATE OF BIRTH <u>Nov; 30, 1878</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hickory County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>William Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Grimet</u>
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT'S SIGNATURE OR NAME <u>County Welfare Office, Osceola Mo.</u>		ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock due to broken hip</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5</u>	
ANTECEDENT CAUSES * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>senility - lived in a rest home</u>	
DUE TO (c) <u>possible general debility</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>made worse by summer heat</u>			
19a. DATE OF OPERATION <u>9-27-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>fracture placed in bone</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) <u>Osceola</u> (COUNTY) <u>0937 Clair</u> (STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4:25-54</u> <u>noon</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>caught foot in carpet - fall</u>	
22. I hereby certify that I attended the deceased from <u>9-25</u> , 19 <u>54</u> , to <u>9-30</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-30</u> , 19 <u>54</u> , and that death occurred at <u>5:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Keith Seivers M.D.</u>		23b. ADDRESS <u>Osceola</u>	23c. DATE SIGNED <u>90-1-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE: <u>10-2-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osceola</u>	24d. LOCATION (City, town, or county) (State) <u>Osceola Missouri</u>
DATE REC'D BY LOCAL REG. <u>10-1-54</u>	REGISTRAR'S SIGNATURE <u>Keith Seivers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gradene Jensen</u>	ADDRESS <u>Home</u>

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

0930

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.....
Signature of Student Embalmer

Signed *J.B. Baer*

Licensed Embalmer No. *303*

P. O. Address *Crescent*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.