

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36482**

FILED DEC 7 1954

BIRTH NO. _____ REG. DIST. NO. **20** PRIMARY REG. DIST. NO. **5095** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Bates-Mingo Twp.		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Mo COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) Near Union		c. CITY (If outside corporate limits, write RURAL and give township) Near Union 0420	
c. LENGTH OF STAY (in the place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) MARK ANN. BROWN.	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 11 24 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	8. DATE OF BIRTH 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Housekeeper.	11. BIRTHPLACE (State or foreign country) Johnson Co. Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.				

13a. FATHER'S NAME George Blumie	13b. MOTHER'S MAIDEN NAME Elizabeth Blumie	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Paul P Brown	ADDRESS Union 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH inst.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Mingo Twp Bates Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:00 p.** m., from the causes and on the date stated above.

23a. SIGNATURE Paul P. Hutchins and M.D. (Degree or title)	23b. ADDRESS 112 S. Havana Bates Mo.	23c. DATE SIGNED 27 Nov 54
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24a. BURIAL, CREMATION, REINTERMENT (Specify)	24b. DATE Nov 27 54	24c. NAME OF CEMETERY OR CREMATORY Norris	24d. LOCATION (City, town, or county) (State) Hortule Mo.
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DATE REC'D BY LOCAL REG. 11-30-54	REGISTRAR'S SIGNATURE Myra Owens	25. FUNERAL DIRECTOR'S SIGNATURE W. J. Brown	ADDRESS Union Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 R. R. Kenney.....

Licensed Embalmer No. 3099.....

P. O. Address Clinton 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.