

No. 200
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 16 1954

State File No. 10627
Registrar's No. 10627

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri | | a. STATE Arkansas b. COUNTY Saline | |
| c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Benton 8030 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL | | d. STREET ADDRESS (If rural, give location) 8 | |

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|---|------------------------|--|--|-------------------------------------|----------------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) LUTIE | b. (Middle) MNM | c. (Last) BROWN | NOV. 21 1954 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Mar. 17, 1899 | 9. AGE (In years last birthday) 55 | # UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and State or Foreign Country) Saline Ark. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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| 13a. FATHER'S NAME Unkown | 13b. MOTHER'S MAIDEN NAME Unkown | 14. NAME OF HUSBAND OR WIFE George Brown |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No Nil | 16. SOCIAL SECURITY NO. Unk. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Brown Benton Ark. |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 mos. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myelogenous leukemia, acute | | |
| | 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. Polycythemia vera | | 5 yrs. | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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) 204.1 |
| 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 11-5, 1954, to 11-21-1954, that I last saw the deceased alive on 11-21, 1954, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

| | | |
|---|---|--|
| 23a. SIGNATURE (Degree or title) R. Bradley M.D. | 23b. ADDRESS BARNES HOSPITAL | 23c. DATE SIGNED 11-21-54 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 11-22-54 | 24c. NAME OF CEMETERY OR CREMATORY Local |
| 24d. LOCATION (City, town, or county) (State) Benton Ark. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. H. Hoppe 4704 Washington |
| DATE REC'D BY LOCAL REG. NOV 22 1954 | REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | |

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

43 317

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 *John J. Haines*

Licensed Embalmer No. *4108*

P. O. Address *St. Louis, 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.