

75524-54

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43073

State File No.

FILED JAN 5 1955

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 7

5971

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u> <u>0971</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u> b. (Middle) <u>Marie</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 28 54</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Oct 8 - 54</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>2</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Saline Co - Mo</u> <u>0</u>	
13a. FATHER'S NAME <input checked="" type="checkbox"/>			13b. MOTHER'S MAIDEN NAME <u>Ann - Elizabeth Brown</u>		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Ann Elizabeth Brown</u>		ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>		
	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 <input checked="" type="checkbox"/>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	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) <u>✓</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>491X</u>

22. I hereby certify that I attended the deceased from Dec 28, 1954, to one hr before death, that I last saw the deceased alive on Dec 28, 1954, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>P.H. Knicker</u> (Degree or title) <u>DR.</u>	23b. ADDRESS <u>Slater, Mo</u>	23c. DATE SIGNED <u>Dec 29</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Dec 29</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roanoke Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>near Glasgow, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kirman</u> ADDRESS <u>Glasgow</u>
DATE REC'D BY LOCAL REG. <u>12-30-54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Mey</u>	

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.....

Licensed Embalmer No.....

P. O. Address.....

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.