

FILED JAN 28 1955

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

43369

State File No. ....

No. 800  
10.48BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 3730  
0

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

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Stella</u>		c. LENGTH OF STAY (in this place) <u>5 WKS.</u>	c. CITY OR TOWN <u>Butterfield</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cardwell Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Edward</u> c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-19-1954</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 1, 1887</u>
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister of Gospel</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baptist</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Barry 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>Mary F. Burkhart</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>  </u>		16. SOCIAL SECURITY NO. <u>  </u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bertha Brown-Butterfield, Mo.</u>		ADDRESS <u>  </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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina pectoris</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>  </u> DUE TO (c) <u>  </u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>  </u>		19b. MAJOR FINDINGS OF OPERATION <u>  </u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4202</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>  </u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>  </u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>  </u>	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>  </u>
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>  </u>	
22. I hereby certify that I attended the deceased from <u>11-16-</u> , 19 <u>54</u> , to <u>12-19-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-19-</u> , 19 <u>54</u> , and that death occurred at <u>8:20 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. Cardwell M.D.</u>		23b. ADDRESS <u>Stella Mo</u>	23c. DATE SIGNED <u>1-9-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-24-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sparks Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Barry County, Missouri</u>
DATE REC'D BY LOCAL REG. <u>1-12-55</u>	REGISTRAR'S SIGNATURE <u>Alpha Dyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. E. Culver</u>	ADDRESS <u>Cassville, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_

District File Number 155-8

Date Filed JAN 26 1955

NEOSHO, MISSOURI

**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 Paul H. Henbest

Licensed Embalmer No. 45

P. O. Address Cassville

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.