No. 300
10-46

FILED JAN 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 88

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5862 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Barry 0050
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Purdy Township
c. LENGTH OF STAY (in this place): 41 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. 1 Purdy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN: Purdy
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R.F.D. 1 Purdy 0050 0

3. NAME OF DECEASED (Type or Print): a. (First) Della b. (Middle) Ann c. (Last) Brown

4. DATE OF DEATH: (Month) Jan. (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 5-11-1871

9. AGE (In years last birthday): 83 IF UNDER 1 YEAR Months: 7 Days: 22 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and State or Foreign Country): Boone Co. Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown Miller

13b. MOTHER'S MAIDEN NAME: Unknown McKinley

14. NAME OF HUSBAND OR WIFE: Frank Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Henry Bowman ADDRESS: Monett, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral Stenosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Conjunctivitis left Eye (dislocation)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 410X

20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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* 1:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) DO

23b. ADDRESS: Purdy Mo

23c. DATE SIGNED: 1/5/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-5-1955

24c. NAME OF CEMETERY OR CREMATORY: Arnhart Cemetery

24d. LOCATION (City, town, or county) (State): Purdy Barry Co. Mo.

DATE REC'D BY LOCAL REG.: 1-5-55

REGISTRAR'S SIGNATURE: Mrs P.M. Cook 4870

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: MERCER FUNERAL HOME MONETT, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 155-173

DATE REC. 1-10-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Roy H. Mercer

Licensed Embalmer No....4432.

P. O. Address Monett, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.