

FILED FEB 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

381

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 26

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| 1. PLACE OF DEATH a. COUNTY <u>Calloway 2</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u> | | c. CITY OR TOWN <u>Crestfield</u> | |
| c. LENGTH OF STAY (In this place) <u>6 yrs</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #1</u> | | e. STREET ADDRESS (If rural, give location) <u>Rt. 2 Box 19 6000</u> | |

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|--|-----------------------|------------------------|---------------------|-----------------|--------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>Flora</u> | b. (Middle) <u>A.</u> | c. (Last) <u>Brown</u> | (Month) <u>Feb.</u> | (Day) <u>10</u> | (Year) <u>1955</u> |

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|----------------------|-------------------------------|---|---------------------------------------|---|--|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Nov. 24, 1870</u> | 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Mins. _____ |
|----------------------|-------------------------------|---|---------------------------------------|---|--|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Nebraska</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Ira Proarty</u> | 13b. MOTHER'S MARDEN NAME <u>Sarah M. Lisk</u> | 14. NAME OF HUSBAND OR WIFE <u>Wm. A. Brown</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Thos. Reed</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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. myocarditis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. arteriosclerosis</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION: <u>4221</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from April 31, 1949, to Feb. 10, 1955, that I last saw the deceased alive on Feb 9, 1955, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Wm. J. Cameron MD</u> | 23b. ADDRESS <u>State Hosp Fulton Mo</u> | 23c. DATE SIGNED <u>2-10-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb. 12-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Law Law Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Pattonville Mo</u> |
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|--|--|-------|---|---------------------------------------|
| DATE REC'D BY LOCAL REG. <u>Feb. 10-1955</u> | REGISTRAR'S SIGNATURE <u>Marjette Lawrence</u> | 425-0 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace</u> | ADDRESS <u>Funeral Home Fulton Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Denzil C. Browning*.....

Licensed Embalmer No. *272*.....

P. O. Address *Fulton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.