

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5877

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 4450		Registrar's No. 508	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Ripleys 0910		b. CITY (If outside corporate limits, write RURAL and give town or township) Doniphan		a. STATE Missouri		b. COUNTY Ripleys	
c. LENGTH OF STAY (in this place) 18 yrs.		c. CITY OR TOWN Doniphan		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 201 S. Lafayette St. /				e. STREET ADDRESS (If rural, give location) 201 S. Lafayette St. 0910			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) Addie		b. (Middle) Lee		c. (Last) Brown		Date (Month) (Day) (Year) Feb. 12, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 8, 1881	
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		11. BIRTHPLACE (City and State or Foreign Country) Doniphan, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10b. KIND OF BUSINESS OR INDUSTRY Housewife		13a. FATHER'S NAME John W. Gary		13b. MOTHER'S MAIDEN NAME Martha Cartwright		14. NAME OF HUSBAND OR WIFE Horace O. Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. - - - - -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Horace O. Brown, Doniphan, Mo.			
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage / weak		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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 1-1-55 to 2-12-55, that I last saw the deceased alive on 2-12-55, and that death occurred at 7:30 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. W. Johnston		23b. ADDRESS Doniphan, Mo.		23c. DATE SIGNED 2-14-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 14, 1955		24c. NAME OF CEMETERY OR CREMATORY Doniphan City Cemetery		24d. LOCATION (City, town, or county) (State) Doniphan, Missouri	
DATE REC'D BY LOCAL REG. 2-14-55		REGISTRAR'S SIGNATURE J. W. Johnston 217-		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ray Meane, Doniphan, Mo.			

(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..... *Ray Means*.....

Licensed Embalmer No. *274*

P. O. Address *Doniphan*

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.