

FILED APR 26 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12376

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN WEBB CITY		c. LENGTH OF STAY (to this place) township) 40 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY 04920		
d. FULL NAME OF HOSPITAL OR INSTITUTION CORUMS NURSING HOME			d. STREET ADDRESS (If rural, give location) 423 NO LIBERTY		
3. NAME OF DECEASED (Type or Print) a. (First) ELLEN		b. (Middle)	c. (Last) BROWN	4. DATE OF DEATH (Month) (Day) (Year) APRIL 22 1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 29, 1873	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 10 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (State or foreign country) MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME RICHARD WARD		13b. MOTHER'S MAIDEN NAME NO DATA	14. NAME OF HUSBAND OR WIFE NO DATA		
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 ADDRESS MRS HARRY MESLIN WEBB CITY, MO		
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) <i>Chronic Myocardial</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. 4222				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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 2-7-1955, to 4-22, 1955, that I last saw the deceased alive on 4-1, 1955, and that death occurred at 2:30 P.M., from the causes and on the date stated above.					
23a. SIGNATURE J. J. O'Keefe 2:00 (Degree or title)		23b. ADDRESS 624 N. Bldg., Webb City, Mo		23c. DATE SIGNED 4/23/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 23, 1955	24c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETERY	24d. LOCATION (City, town, or county) (State) WEBB CITY MO		
DATE REC'D BY LOCAL REG. 4-23-55	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer 474	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO			

(Licensed Embalmers' Statement on Reverse Side)

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

THE BOARD OF HEALTH OF MISSOURI

County File Number
Date Filed
APR 25 1955

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 *[Handwritten Signature]*

Licensed Embalmer No. *4561*

P. O. Address *Webb City, 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 this body is not embalmed, fact should be so stated above.