

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12572**

BIRTH NO. _____		REG. DIST. NO. 183		PRIMARY REG. DIST. NO. 4299		Registrar's No. 6 in 1955	
1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Purdin)		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Purdin		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 90	
d. FULL NAME OF HOSPITAL OR INSTITUTION				No. STREET ADDRESS (If rural, give location) 0580			
3. NAME OF DECEASED (Type or Print) a. (First) Bessie		b. (Middle) Howard		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) 4 21 55	
5. SEX fe		6. COLOR OR RACE w		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED never married		8. DATE OF BIRTH April 13, 1887	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? 0	
13a. FATHER'S NAME D. T. Brown		13b. MOTHER'S MAIDEN NAME America E. Reynolds		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mary Dale		ADDRESS Purdin 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) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Angina pectoris DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension				INTERVAL BETWEEN ONSET AND DEATH 10 min	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4001				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 July , 1954, to April 21 , 1955, that I last saw the deceased alive on April 19 , 1955, and that death occurred at 6:40 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. R. McAiter M.D.				23b. ADDRESS Browning Mo.		23c. DATE SIGNED 4-22-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4-23-55		24c. NAME OF CEMETERY OR CREMATORY I. O. O. F.		24d. LOCATION (City, town, or county) (State) Linneus	
DATE REC'D BY LOCAL REG. Apr. 27, 1955		REGISTRAR'S SIGNATURE Eva Cookshank		25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home		ADDRESS Browning	

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

JUN 5 1957

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 *Gerald I. Wald*

Licensed Embalmer No. *41*

P. O. Address *Brown*

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.