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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19506

State File No.

FILED JUN 17 1955

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5926 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>New Madrid.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>New Madrid.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Font Township.</u>	c. LENGTH OF STAY (In this place) <u>4 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Pleasant.</u>	d. STREET ADDRESS (If rural, give location) <u>2 MILES SW</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		0720	

3. NAME OF DECEASED (Type or Print) <u>JOHN</u>			a. (First)	b. (Middle)	c. (Last) <u>BROWN</u>	4. DATE OF DEATH <u>MAY-22-55</u>		
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5. SEX <u>M. A NEGRO</u>	6. COLOR OR RACE <u>unk</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov-1906</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM LABOR.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Shelby MISS.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JIM BROWN</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA PAYNE</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>408-34-5063</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Willie Brown, 701 Webster</u>	ADDRESS <u>Madison, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perforation of Urinary Bladder</u>	DUE TO (b) <u>Urinary Cystitis, fulminant</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (c) <u>605X</u>	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	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) m.	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 5-22-1955, to 5-22-1955, that I last saw the deceased alive on 5-22-1955, and that death occurred at 11:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James D. Cameron D.O.</u>	(Degree or title)	23b. ADDRESS <u>Marion - Mo</u>	23c. DATE SIGNED <u>5-24-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>25 MAY 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SANDHILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>NEW MADRID, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>6-14-1955</u>	REGISTRAR'S SIGNATURE <u>H. L. Ponder Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard's Estate</u>	ADDRESS <u>New Madrid, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED JUN 16 1955
NEW MADRID CO. HEALTH CENTER

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

Sammy L. Roberts

Licensed Embalmer No. _____

4886

P. O. Address _____

New Madrid, 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.