

STANDARD CERTIFICATE OF DEATH

State File No. **21491**

FILED AUG 15 1955

BIRTH NO. **27** REG. DIST. NO. **68** PRIMARY REG. DIST. NO. **5266** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give townships). OR TOWN Rogersville R#1 Amley TP.		c. LENGTH OF STAY (In the hospital) 7 P.	c. CITY OR TOWN Rogersville
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 0220			
3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) Belle c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) July 23 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH JAN 8 1871
9. AGE (In years) (If under 1 year, last birthday) 84		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Knobnoster, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Rice		13b. MOTHER'S MAIDEN NAME Ferguson	14. NAME OF HUSBAND OR WIFE Deceased
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. None	17. INFORMANT'S SIGNATURE OR NAME DAISY BROWN, Rogersville, Mo R#1
18. CAUSE OF DEATH 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of stomach with obstruction INTERVAL BETWEEN ONSET AND DEATH 3 mos. 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Refused.	
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) 151 X
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 20 Jan, 1955 , to 23 July, 1955 , that I last saw the deceased alive on 20 July, 1955 , and that death occurred at 7:35 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE D. Rogers, M.D. (Degree or title)		23b. ADDRESS Ozark, MO	23c. DATE SIGNED 10 Aug 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 25 1955	24c. NAME OF CEMETERY OR CREMATORY White Oak Cem.	24d. LOCATION (City, town, or county) (State) Rogersville, Rural, Mo.
DATE REC'D BY LOCAL REG Aug 11-1955	REGISTRAR'S SIGNATURE Loretta Leonard	25. FUNERAL DIRECTOR'S SIGNATURE (Address) J.C. Ferrell, Rogersville, Mo.	

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 *Alon G. Ferrill*.....

Licensed Embalmer No. *484*.....

P. O. Address *Manchester*.....

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.