

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25290**

FILED SEP 12 1955

BIRTH NO. _____		REG. DIST. NO. 38	PRIMARY REG. DIST. NO. 3006	Registrar's No. 232
1. PLACE OF DEATH 504 OAK ST. a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY BOONE		
b. CITY OR TOWN COLUMBIA	c. LENGTH OF STAY (in this place) 37 yrs.	c. CITY OR TOWN COLUMBIA		
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE 504 Oak St		d. STREET ADDRESS (If rural, give location) 504 OAK ST		
3. NAME OF DECEASED (Type or Print) LAURA		a. (First) —	b. (Middle) —	c. (Last) BROWN
4. DATE OF DEATH 9-8-1955		(Month)	(Day)	(Year)
5. SEX ♀	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 1862	9. AGE (In years last birthday) 93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (State or foreign country) BOONE-MO	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ABRAHAM FISHER		13b. MOTHER'S MAIDEN NAME DON'T KNOW		14. NAME OF HUSBAND OR WIFE JOHN 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. NONE		17. INFORMANT'S SIGNATURE OR NAME ANNIE M. WILSON ADDRESS COLUMBIA 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Degenerative Diseases ANTECEDENT CAUSES DUE TO (b) Corigestive Heart Failure DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Feb. 23, '54 Sept. 8, '55 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500.		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) (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 2/23 , 1954, to 8/6 , 1955, that I last saw the deceased alive on 8/6 , 1955, and that death occurred at 12:10 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE Roland L. Wiggins, M.D. (Degree or title)		23b. ADDRESS Columbia, Mo.		23c. DATE SIGNED Sept. 9, '55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 9 1955		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.
24d. LOCATION (City, town, or county) (State) Columbia MO		25. FUNERAL DIRECTOR'S SIGNATURE Victor Brown ADDRESS Columbia Mo.		
DATE REC'D BY LOCAL REG. Sept. 9 1955		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer 31-0		

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
Student Embalmer

Signed Cassim C. Freeman

Licensed Embalmer No. 2837

P. O. Address Columbia 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.