

FILED AUG 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25485

State File No.

BIRTH NO.		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>226</u>			
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton, Missouri		c. LENGTH OF STAY (In this place) 59 Years		c. CITY OR TOWN Fulton		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Callaway County Hospital				e. STREET ADDRESS (If rural, give location) 831 Walnut Street 0480					
3. NAME OF DECEASED (Type or Print) Barnabell			a. (First)		b. (Middle)		c. (Last) Brown		
4. DATE OF DEATH August 22 1955		(Month)		(Day)		(Year)			
5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH May 30, 1896			
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months 2		IF UNDER 12 HRS. Days 22		IF UNDER 1 MIN. Hour Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General House Work			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Fulton, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Thomas Poston			13b. MOTHER'S MAIDEN NAME Gertrude Williams			14. NAME OF HUSBAND OR WIFE Cecil Brown, 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. 480 14 1011		17. INFORMANT'S SIGNATURE OR NAME Ma Ida B. Brown				ADDRESS 831 Walnut	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema				INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Prostatic Pneumonia				DUE TO (c) 3 days	
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 49ix.						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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:25 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE Harry A. Stewart, Coroner				23b. ADDRESS Fulton Mo		23c. DATE SIGNED Aug 24 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 24, 55		24c. NAME OF CEMETERY OR CREMATORY South Side		24d. LOCATION (City, town, or county) (State) Fulton, Missouri			
DATE REC'D BY LOCAL REG. Aug 24 1955		REGISTRAR'S SIGNATURE Maretha Lawrence		426		25. FUNERAL DIRECTOR'S SIGNATURE Harry E. Bell			
						ADDRESS Fulton, 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 *Henry T. Bell*.....

Licensed Embalmer No. *48*.....

P. O. Address *Franklin, Tenn.*.....

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..