

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

5813

State File No.

No. 300
10. 48

FILED MAR 15 1957

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville, Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Richland, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>Rural Rt. # 2</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Sadie</u>		b. (Middle) <u>Francis</u>		c. (Last) <u>Brown</u>	
4. DATE OF DEATH		(Month) <u>March</u>		(Day) <u>8,</u>		(Year) <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 16, 1910</u>		9. AGE (in years last birthday) <u>46</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Camden Co. Montreal, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Cordwell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Goldsberry</u>		14. NAME OF HUSBAND OR WIFE <u>Louis J. Brown.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louis J. Brown Richland, Mo Rt. # 2</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchitis from</u> 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 <u>490 x</u>				20. AUTOPSY? YES ☐ NO ☒	
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) <u>2</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 4, 1957</u> to <u>March 8, 1957</u> , that I last saw the deceased alive on <u>March 4, 1957</u> , and that death occurred at <u>4:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Do not write in title) <u>[Signature]</u>				23b. ADDRESS <u>Waynesville, Missouri</u>		23c. DATE SIGNED <u>3-8-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/10/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highpoint Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richland, Mo Rural.</u>	
DATE REC'D BY LOCAL REG. <u>3-9-57</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL HOME'S SIGNATURE ADDRESS <u>Hebert's Funeral Home Richland, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 3-9-57
Pulaski County Health Officer
File Number 89
Date Filed 3-9-57

MAR 15 1957

MAY 14 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 *Clayna Moss*

Licensed Embalmer No. 4896

P. O. Address *Wynndale*

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.