V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 26 1957

State File No. 12549

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5297 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: CLINTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-Jackson
c. LENGTH OF STAY (in this place): 9 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOLT, MO, 2 MI NORTH OF HOLT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: Clinton
c. CITY OR TOWN: HOLT, MO
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 2 MI NORTH OF HOLT, MO

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): A
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): APRIL 10 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAY 22, 1874
9. AGE (In years last birthday): 82 — If under 1 year: Months, Days; If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and State or Foreign Country): HOLT, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: JOHN BROWN
13b. MOTHER'S MAIDEN NAME: MARGARET MELLON
14. NAME OF HUSBAND OR WIFE: MARGARET MOBERLY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: MRS HERMAN PORTER, HOLT, MO

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 10 HRS.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) HYPERTENSION — 15 yrs.
DUE TO (c) ARTERIOSCLEROSIS — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* LEFT HEMIPLEGIA — 14 yrs.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: 447X
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 4-7, 1957, *to* 4-10, 1957, *that I last saw the deceased alive on* 4-10, 1957, *and that death occurred at* 7:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): D.O.
23b. ADDRESS: P.O. Box 7, Lathrop, Mo.
23c. DATE SIGNED: 4-10-57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4-12-57
24c. NAME OF CEMETERY OR CREMATORY: ANTIOCH
24d. LOCATION (City, town, or county) (State): HOLT, MISSOURI

DATE REC'D BY LOCAL REG.: Apr. 12-57
REGISTRAR'S SIGNATURE: Elizabeth Searcey
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: FRY FUNERAL HOME, KEARNEY, MO

(Licensed Embalmer's Statement on Reverse Side)

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

1

441

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by ~~me,~~ or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph Van Loudingham

Licensed Embalmer No. 4009

P. O. Address Epsilon Springs, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.