

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008688  
State File No. ....

FILED APR 15 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 32

030

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

1. PLACE OF DEATH a. COUNTY <b>ATCHISON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>IOWA</b> b. COUNTY <b>FREMONT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>FAIRFAX</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL WASHINGTON</b> <u>8140</u>	
c. LENGTH OF STAY (In this place) <b>1 DAY</b>		d. STREET ADDRESS (If rural, give location) <b>4 mi. N.W. HAMBURG, IOWA</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FAIRFAX HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MAUDE</b>	b. (Middle) <b>ALICE</b>	c. (Last) <b>BROWN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 3, 1958</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>5-17-1888</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR <b>69</b> Months <b>10</b> Days <b>16</b> Hours <b>16</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (State or foreign country) <b>NEBRASKA CITY, NEBRASKA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>GENE BEAM</b>	13b. MOTHER'S MAIDEN NAME <b>HATTIE DAMON</b>	14. NAME OF HUSBAND OR WIFE <b>FRANK J. BROWN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Mrs. Gladys J. Martin</i> <b>IOWA</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Decompensation</i>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Arteriosclerosis</i>		
	DUE TO (c) <i>cerebral thrombosis</i> <u>4201</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>5 years.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from Aug, 1954, to 4-3-, 1958, that I last saw the deceased alive on 4-3-58, 1958, and that death occurred at 9 A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wallace Carpenter</i>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <i>Koch Post</i>	23c. DATE SIGNED <b>4-5-58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>4-3-1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HAMBURG, CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>HAMBURG, IOWA</b>
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DATE REC'D BY LOCAL REGISTRAR <b>April 8, 1958</b>	REGISTRAR'S SIGNATURE <i>Marvin H. Schaefer</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Putnam Funeral Home</i>	ADDRESS <b>Rockwell</b>
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(Licensed Embalmer's Statement on Reverse Side)

**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..... *E. E. Burtman* .....

Licensed Embalmer No. .... *1964* .....

P. O. Address..... *Rock Port 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.