

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008844

STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residency before admission) a. STATE Mo b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Centralia		c. CITY OR TOWN Centralia	
c. FULL NAME OF (IF NOT in hospital, give location) INSTITUTION Residence		d. STREET ADDRESS 220 East Barnes	

3. NAME OF DECEASED (Type or print) First Emma Middle Gertrude Last Brown			4. DATE OF DEATH Month March Day 18 Year 1958		
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug 17, 1894	9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Boone County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James Samuel Asbury			14. MOTHER'S MAIDEN NAME Mary Laura Waters		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Robert A. Brown, Centralia, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 18 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Secondary Carcinoma Abdominal Viscera DUE TO (c) Primary Carcinoma of Rte Lung		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 1621		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2	
20c. TIME OF INJURY Hour 2:25 P a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Centralia Mo	COUNTY STATE

21. I attended the deceased from **12-16-58** to **3-18-58** and last saw her alive on **3-18-58**
Death occurred at **12:25 P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr Baker	22b. ADDRESS Centralia Mo	22c. DATE SIGNED 3-19-58
-----------------------------------	-------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL, SPECIFY Burial	23b. DATE March 20, '58	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Columbia, Mo.
24. GENERAL DIRECTOR Bill Meador		25. DATE RECD. BY LOCAL REG. March 20-1958	26. REGISTRAR'S SIGNATURE Maud M. Bride

(Licensed Embalmer's Statement on Reverse Side)

Disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

00
56

MAR 28 1958

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 *Bill J. Meador*

Licensed Embalmer No. 48

P. O. Address *Centerville, Va*

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