

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011101  
STATE FILE NUMBER

FILED APR 10 1958

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Moberly</i> 0880
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Woodland Hosp 2 Week</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>RR #2</i>

3. NAME OF DECEASED (Type or print) First <i>ROSSIE</i> Middle <i>MAYBELLE</i> Last <i>BROWN</i>			4. DATE OF DEATH Month <i>April</i> Day <i>1</i> Year <i>1958</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 29 1899</i>	9. AGE (In years last birthday) <i>59</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		100. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Thomas Hill, Mo.</i>	
13. FATHER'S NAME <i>George Alexander</i>			14. MOTHER'S MAIDEN NAME <i>Susan Mary Richards</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Bea Brown Moberly Mo.</i>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Adeno Carcinoma of Recto sigmoid Colon</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8 mo</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) _____		
DUE TO (c) _____		<i>154X</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Colostomy performed</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE

21. I attended the deceased from *March 20 1958* and last saw her *live on April 1 1958*  
Death occurred at *10:15 P* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Decease or title) <i>Clarence O'Brien</i>	22b. ADDRESS <i>Moberly, Mo</i>	22c. DATE SIGNED <i>April 3 1958</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<i>Cremial</i>	<i>April 4 1958</i>	<i>Union Cemetery</i>	<i>Carroll Missouri</i>
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<i>Clarence O'Brien Moberly Mo</i>		<i>4-4-58</i>	<i>Bea Brown</i>

(Licensed Embalmer's Statement on Reverse Side)

alth, Welfare, Public Health Service, 800-56, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Doctor, coroner, etc. must use only standard momentary ink pen - no symptoms - no ink - no diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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.....  
Licensed Embalmer No. 490

P. O. Address.....  
Moberly

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.