

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015304  
STATE FILE NUMBER

FILED MAY 9 1958

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 69

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> <u>0850</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waynesville</u>		c. CITY OR TOWN <u>Waynesville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Waynesville Gen. Life</u>		d. STREET ADDRESS (If outside, give location) <u>Waynesville</u>	
3. NAME OF DECEASED (Type or print) <u>Cora Emmaline Brown</u>		4. DATE OF DEATH <u>April 29 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 23 1890</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <u>68</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	10c. AGE (In years last birthday) <u>68</u>
11a. FATHER'S NAME <u>Iansie Logan</u>		11b. MOTHER'S MAIDEN NAME <u>Sarah Ellen Atterberry</u>	11c. NAME OF HUSBAND OR WIFE <u>Virgil B. Brown</u>
12a. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		12b. SOCIAL SECURITY NO. <u>487-22-4820</u>	12c. INFORMANT <u>Emma Collins</u>
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>Hypertension</u> <u>331X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>3 Hours</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9:30</u> Month, Day, Year <u>4.29.58</u> a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Waynesville, Mo.</u>	
21. I attended the deceased from <u>4.29.58</u> to <u>4.29.58</u> and last saw her alive on <u>4.29.58</u> Death occurred at <u>9:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>R.D. Alwitt M.D.</u>	
22b. ADDRESS <u>Waynesville, Mo.</u>		22c. DATE SIGNED <u>5.1.58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-2-1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Waynesville Memorial</u>		23d. LOCATION (City, town, or country) (State) <u>Waynesville, Missouri</u>	
24. FUNERAL DIRECTOR <u>Hedges Funeral Homes</u>		25. DATE RECD. BY LOCAL REG. <u>5-1-58</u>	
26. REGISTRAR'S SIGNATURE <u>Charles Anderson</u>			

(Licensed Embalmer's Statement on Reverse Side)

Mo

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Walter O. Bedges .....

Licensed Embalmer No. 4265 .....

P. O. Address Berlin, MD .....

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.