Health, & Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042942

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 324 Primary Registration District No. Registrar's No. 199

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arrow Rock — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home — Length of stay in 1b 1 year

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Arrow Rock 0970 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Mrs. Belle Middle: S. Last: Brown

4. DATE OF DEATH Month Day Year: December 2, 1958

5. SEX: Female 3

6. COLOR OR RACE: Negro

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH: September 12, 08

9. AGE (In years on last birthday): 50 — IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (City and state or country): Arrow Rock, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Lucien Cavil

13b. MOTHER'S MAIDEN NAME: Kathyrn Williams

14. NAME OF HUSBAND OR WIFE: none

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.: 498-30-3080

17. INFORMANT: Mrs. Kathryn Cavil, Address: Arrow Rock, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial insufficiency
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 3-4 Months
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 443X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. 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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1958, to Dec. 2, 1958 and last saw her alive on Dec. 2, 1958
Death occurred at 8:00p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE S. Nelson Suarez (Degree or title) M.D.

22b. ADDRESS 313 N. Main St Slater Mo

22c. DATE SIGNED 12-6-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12/7/58

23c. NAME OF CEMETERY OR CREMATORY: Sappington Cemetery

23d. LOCATION (City, town, or county) (State): S.W. Arrow Rock, Missouri

24. FUNERAL DIRECTOR: Georgetta Green — ADDRESS: Marshall, Mo

25. DATE RECD. BY LOCAL REG.: 12-6-58

26. REGISTRAR'S SIGNATURE: Cecil H. Reed

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

? NELSON SUAREZ

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 Gerald H. Green

Licensed Embalmer No. 4220

P. O. Address Marshall, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.