

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000774  
STATE FILE NUMBER

Registration District No. 101 Primary Registration District No. \_\_\_\_\_ Registrar's No. 13

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Douglas</u>                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Ava</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <u>Ava</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION  |  | Length of stay in 1b   | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Annie</u> Middle _____ Last <u>Brown</u> |  |  | 4. DATE OF DEATH<br>Month <u>February</u> Day <u>4</u> Year <u>1959</u> |  |  |
|--|--|--|---|--|--|

|                         |                                  |   |  |  |  |  |
|-------------------------|----------------------------------|---|--|--|--|--|
| 5. SEX<br><u>Female</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Nov. 17, 1889</u> | 9. AGE (In years last birthday)<br><u>69</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
|-------------------------|----------------------------------|---|--|--|--|--|

|   |  |   |  |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own home</u> | 11. BIRTHPLACE (City and state or country)<br><u>Bertha, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u> |
|---|--|---|--|

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME<br><u>Samuel Hicks</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Elizabeth Matlock</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Walter H. Brown</u> |
|---|---|---|

|   |  |  |
|---|--|--|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>N</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT Address<br><u>Walter H. Brown, Ava, Missouri</u> |
|---|--|--|

|   |  |   |
|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Cerebral Thrombosis</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 days</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____                              |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>332x</u>                  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

|   |  |
|---|--|
| 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____ | 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<br>COUNTY _____ STATE _____ |
|---|---|--|--|

|  |
|--|
| 21. I attended the deceased from <u>Feb 1/59</u> to <u>Feb 4/59</u> and last saw her alive on <u>Feb 4, 1959</u><br>Death occurred at <u>11:20 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |
|--|

|  |   |                                      |
|--|---|--------------------------------------|
| 22a. SIGNATURE<br><u>Dr. R. A. Hammond</u> (Degree or title) | 22b. ADDRESS<br><u>Box 415 Ava, Mo 65612-7-59</u> | 22c. DATE SIGNED<br><u>Feb 18-59</u> |
|--|---|--------------------------------------|

|  |                            |  |   |
|--|----------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>2-6-59</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Yates</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Gentryville, Missouri</u> |
|--|----------------------------|--|---|

|  |   |  |
|--|---|--|
| 24. FUNERAL DIRECTOR<br><u>Clinkingbeard Funeral Home, Ava, Mo</u> | 25. DATE RECD. BY LOCAL REG.<br><u>Feb. 18-59</u> | 26. REGISTRAR'S SIGNATURE<br><u>Wesley Beahman</u> |
|--|---|--|

All diseases in Part I must be causally related. MEDICAL CERTIFICATION P.C.S. has been prepared by BACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Wyle C. Blankinship* .....

Licensed Embalmer No. *4230*  
P. O. Address *Avon, 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.