

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002191
STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MARION	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON TWP.		c. CITY OR TOWN HANNIBAL	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9 MI S.E. OF PARIS		d. STREET ADDRESS (If outside, give location) NONE	
3. NAME OF DECEASED (Type or print) First ANNA Middle B Last BROWN		4. DATE OF DEATH Month JAN Day 20 Year 1959	
5. SEX F	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 17, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) 9 U.S.A.
13a. FATHER'S NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE CLARENCE BROWN SR.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Femoral blood vessel thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		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"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 7952	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ 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 COUNTY STATE _____	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at JAN. 20, 1959-3:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. H. ... M.D.		22b. ADDRESS PARIS, MO.	
22c. DATE SIGNED Jan 22/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2/4/59	
23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		23d. LOCATION (City, town, or county) (State) PARIS MO.	
24. FUNERAL DIRECTOR E. H. AGNEW ADDRESS SPRED + BLAKEY FUNERAL HOME, PARIS, MO.		25. DATE RECD. BY LOCAL REG. Jan. 31-1959	
		26. REGISTRAR'S SIGNATURE J. A. Barnett M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1959
FEB 6

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 *E. H. Ognew*

Licensed Embalmer No. *4000*

P. O. Address *PARIS, 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.