

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002630
STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 13

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1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Festus
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #4		Length of stay in 1b 16Y; 8M; 6das.	d. STREET ADDRESS (If outside, give location) North Huber St.
3. NAME OF DECEASED (Type or print) First LAVADA Middle BELLE Last BROWN			4. DATE OF DEATH Month January Day 14 , Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 3, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work at home.		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 66
11. BIRTHPLACE (City and state or country) Waynesville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Isaiah B. Brown		13b. MOTHER'S MAIDEN NAME Lottie Crossland	14. NAME OF HUSBAND OR WIFE XXXXXXXXXX
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	17. INFORMANT Address Records, State Hospital No. 4, Farmington, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest - - - - - instantaneous.			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HyperThyroidism - - - - - at least a year.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DUE TO (c) Toxic nodular goitre, post Thyroidectomy 27 hrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Psychosis with mental deficiency (secondary epilepsy).			2521
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 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 1-12-59 to 1-14-59 and last saw her ^{per} give on 1-14-59 Death occurred at 1:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Blanch Spalding, M.D.</i> (Degree or title)		22b. ADDRESS State Hosp. #4, Farmington, Mo.	22c. DATE SIGNED 1-15-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 17, 1959	23c. NAME OF CEMETERY OR CREMATORY Washington Univ. Anat. Dept.	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Miller Funeral Home, Farmington, Mo.		25. DATE RECD. BY LOCAL REG. Jan. 22, 1959	26. REGISTRAR'S SIGNATURE <i>Ester Rudloff</i>

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. *Not Embalmed*

Student
Signature of Student Embalmer

Signed *Paul H. [unclear]*

Licensed Embalmer No. *4124*
P. O. Address *[unclear]*

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.