

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018502

State File No. \_\_\_\_\_

FILED MAY 25 1959

REG. DIST. NO. 238

PRIMARY REG. DIST. NO. 58 23

Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>NEW MADRID</b>		2. USUAL RESIDENCE (When deceased lived. If institution: residence before death.) a. STATE <b>MISSOURI</b> b. COUNTY <b>NEW MADRID</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL - NEW MADRID</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>LILBOURN, RI</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>PEGGY</b> b. (Middle) <b>ANN</b> c. (Last) <b>BROWLEE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April-25-59</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>3 NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>OCT-11-1935</b>
9. AGE (In years last birthday) <b>3</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10a. <b>---</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>CATRON, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>CHESTER BROWNLEE</b>		13b. MOTHER'S MAIDEN NAME <b>FRANCOIS LOU TRICE</b>	
14. NAME OF HUSBAND OR WIFE <b>---</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME <b>CHESTER BROWNLEE Lilbourn, RI</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>No. Medical Attendant</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>@ child was hit by CAR</b> DUE TO (c) <b>HEAD INJURY</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>COMO, NEW MADRID MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>April-25-59 5:20 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>HIT BY CAR</b>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <b>L.S. Hedgepeth</b>		23b. ADDRESS <b>New Madrid, Mo</b>	
23c. DATE SIGNED <b>5/13/59</b>		24. NAME OF CEMETERY OR CREMATORY <b>PALE ROAD CEMETERY</b>	
24a. BURIAL REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April-29-59</b>	
24c. LOCATION (City, town, or county) (State) <b>CATRON, MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins &amp; Sons</b>	
25. DATE REC'D BY LOCAL REG. <b>5/18/59</b>		25. REGISTERAR'S SIGNATURE <b>Fay Hedgepeth</b>	
25. ADDRESS <b>---</b>		25. ADDRESS <b>---</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*P. J. J.*

**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 *Mark Watkins* \_\_\_\_\_

Licensed Embalmer No. *4717* \_\_\_\_\_

P. O. Address *Dexter 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.