

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 6 1960/15

32 '59 0 4 4 7 9 0

Registration District No. 2283 Primary Registration District No. 2783 Registrar's No. 5783 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brumley</u>		Length of stay in 1b <u>Lifetime</u>		c. CITY OR TOWN <u>Brumley</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 mi - W - Brumley</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside give location) <u>Brumley</u>	
3. NAME OF DECEASED (Type or print) <u>MARY</u> First <u>Catheryn</u> Middle <u>-</u> Last <u>BROWN</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>19</u> Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>13 Sept - 1882 - 77</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House - wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At - Home</u>		11. BIRTHPLACE (City and state or country) <u>Miller - Co - Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>		13a. FATHER'S NAME <u>James - Godfrey</u>		13b. MOTHER'S MAIDEN NAME <u>Emiline - Phillips</u>	
14. NAME OF HUSBAND OR WIFE <u>Thomas - Brown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>Norma - Robinett - Brumley - Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>3 Months</u>	

IMMEDIATE CAUSE (a) <u>Carcinomatosis - Metastasis extensive</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
DUE TO (b) <u>Carcinoma of Cervix Primary</u>		
DUE TO (c) <u> </u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.) <u>NONE</u>	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> <u>NONE</u>	20d. INJURY OCCURRED WHILE AT WORK <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.) <u>NONE</u>	20f. CITY, TOWN, OR LOCATION <u>NONE</u>

21. I attended the deceased from July 19 57 Dec 19 - 59 and last saw her alive on Dec 10 - 1959
Death occurred at 11:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>M. E. Humphrey</u> (Degree or title) <u>DO</u>		22b. ADDRESS <u>Tuscumbia - Mo</u>		22c. DATE SIGNED <u>21 Dec - 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL -</u>	23b. DATE <u>22 Dec - 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Robinett</u>	23d. LOCATION (City, town, or county) <u>Miller - Co - Mo</u>	(State)
24. FUNERAL DIRECTOR <u>Keith M. Kays</u> ADDRESS <u>Eldon - Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Dec - 24 - 1959</u>	26. REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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

Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.