

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028118

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 275 Primary Registration District No. 4409 Registrar's No. 125

STATE FILE NUMBER

VS 300 Rev. 4/59

1 0810

2 0810

3 2

4 1

5 Female

6 0

7 0

8 2

9 4201

10

11

12 90-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED JUL 19 1962

1. PLACE OF DEATH
 a. COUNTY Phelps
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Newburg Length of stay in lb
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Phelps
 c. CITY OR TOWN Newburg Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Dora Charlotte Brown July 8 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH Nov 22 16 1880 9. AGE (last birthday) 82 IF UNDER 1 YEAR Months 5 Days 22 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Dent 11. BIRTHPLACE (City and state or country) Dent County Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Alferd Delashmidt 13b. MOTHER'S MAIDEN NAME Mary Dean 14. NAME OF HUSBAND OR WIFE

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. None 17. INFORMANT Emma Kramme Newburg, Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary occlusion
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio Vascular Renal dis
 DUE TO (c) of Sclerosis + arteriosclerosis
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (b)) None
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown
 INTERVAL BETWEEN ONSET AND DEATH 1 to 2 hours

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION Newburg COUNTY Phelps STATE Mo

21. I attended the deceased from July 6, 1951 to July 8th and last saw her/him alive on June 25, 62. Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard Myer (degree or title) 22b. ADDRESS Newburg, Mo 22c. DATE SIGNED July 9, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE July 11 1962 23c. NAME OF CEMETERY OR CREMATORY Newburg Cemetery 23d. LOCATION (City, town, or county) (State) Newburg, Mo.

24. FUNERAL DIRECTOR Lee Johnson Newburg, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. July 10, 1962 26. REGISTRAR'S SIGNATURE Nadene L. Stoll

USE BLACK INK OR TYPEWRITER RIBBON

OCT 31 1962
DEC 21 1962
JAN 2 1963

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 William L. Steinhilber

Licensed Embalmer No. 5043

P. O. Address Newbury 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.