

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16542

0422
4

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 136	
1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN CLINTON		c. LENGTH OF STAY (in this place) 3mo		c. CITY (If outside corporate limits, write RURAL and give township) CLINTON MO		0422	
d. FULL NAME OF HOSPITAL OR INSTITUTION MOORE'S REST HOME				d. STREET ADDRESS (If rural, give location) 901 north 2nd st.			
3. NAME OF DECEASED a. (First) John b. (Middle) E c. (Last) Brown			4. DATE OF DEATH June 1 1950 (Month) (Day) (Year)				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH Oct 7 1884	
9. AGE (In years last birthday) 65		10. KIND OF BUSINESS OR INDUSTRY Floor mill		11. BIRTHPLACE (State or foreign country) Calhoun Mo		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miller		10b. KIND OF BUSINESS OR INDUSTRY Floor mill		11. BIRTHPLACE (State or foreign country) Calhoun Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Brown		13b. MOTHER'S MAIDEN NAME Rena Brown		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecil Brown Clinton Mo			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Myocardial Degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Alcoholism Chronic INTERVAL BETWEEN ONSET AND DEATH 4222					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4/3/1950 to 6-1-1950, that I last saw the deceased alive on 5/31-1950, and that death occurred at 6 A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Ed. C. Pieler M.D.				23b. ADDRESS Clinton Mo		23c. DATE SIGNED 6/2/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/2/50		24c. NAME OF CEMETERY OR CREMATORY Englewood Cem		24d. LOCATION (City, town, or county) (State) Clinton Mo	
DATE REC'D BY LOCAL REG June 1-1950		REGISTRAR'S SIGNATURE Florence Adair		FUNDERAL DIRECTOR'S SIGNATURE J.E. Consolud		ADDRESS Clinton Mo	

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

RECEIVED 6-7-50
District Health Officer No. 7,
District File Number 5-50-614
Date Filed 6-7-50

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 _____

working under my personal supervision. _____
Student Embalmer No. _____

Student _____
Student Embalmer

Signed J. E. Conner
Licensed Embalmer No. 1891

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.