

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **16314**

FILED MAY 22 1951

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5514** Registrar's No. **63**

1. PLACE OF DEATH a. COUNTY Herry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. COUNTY Herry	
b. CITY OR TOWN Walker Twp.		c. CITY OR TOWN Montrose, Rural	
c. LENGTH OF STAY (in this place) 52 yrs		d. STREET ADDRESS (If rural, give location) Walker Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home.			
3. NAME OF DECEASED (Type or Print) MABEL CLARE BROWN		4. DATE OF DEATH May 15, 1951	
a. (First)		b. (Middle)	
c. (Last)			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 23, 1881
9. AGE (In years last birthday) 70		10. MONTHS 2 DAYS 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Mo.	
10b. KIND OF BUSINESS OR INDUSTRY own home		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
11. BIRTHPLACE (State or foreign country) Mo.			
13a. FATHER'S NAME John A. Haeckler		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Ernie Brown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Ernie Brown		ADDRESS Montrose, 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* (a) Hepatic carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) carcinoma of colon DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION Jan 1951		19b. MAJOR FINDINGS OF OPERATION Carinoma. Resected colon. 153x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		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 Jan 27, 1951 , to May 13, 1951 , that I last saw the deceased alive on May 13, 1951 , and that death occurred at 10:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. E. Baggerly MD		23b. ADDRESS Montrose, Mo.	
23c. DATE SIGNED 5-16-51			
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE May 17, 51	
24c. NAME OF CEMETERY OR CREMATORY Stones Chapel		24d. LOCATION (City, town, or county) (State) Montrose, Mo.	
DATE REC'D BY LOCAL REG. May-16-51		REGISTRAR'S SIGNATURE Florence Adair	
422		F. FUNERAL DIRECTOR'S SIGNATURE H. A. Tausant	
		ADDRESS Clinton, Mo.	

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

RECEIVED 5-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-21-51

OCT 30 1964

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, by

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed H. A. Tausant

Licensed Embalmer No. 3779

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.