

STANDARD CERTIFICATE OF DEATH

5584

State File No.

FILED MAR 9 - 1953

BIRTH NO. REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3023 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DEEPWATER R R #2</u>	
c. LENGTH OF STAY (In this place) <u>19 DA.</u>		d. STREET ADDRESS (If rural, give location) <u>0420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLINTON GENERAL HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BETA</u>		b. (Middle) <u>PEARL</u> c. (Last) <u>BROWN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 27, 1953</u>		5. SEX <u>FEMALE</u>	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>NOV. 22, 1891</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>61 3 5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (State or foreign country) <u>HENRY Co. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM LINDIMORE</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA TYREE</u>	
14. NAME OF HUSBAND OR WIFE <u>ERNEST 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'S SIGNATURE OR NAME <u>Ernest Brown, Deepwater, Mo.</u> ADDRESS <u>5810</u>	
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) <u>CIRRHOSIS OF LIVER</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5810</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	
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) (Min.)		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 <u>FEB. 8, 1953</u> , to <u>27 FEB., 1953</u> , that I last saw the deceased alive on <u>26 FEB., 1953</u> , and that death occurred at <u>3 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Hugh L B Walker, MD</u>		23b. ADDRESS <u>Clinton, Mo</u>	
23c. DATE SIGNED <u>27 Feb. 1953</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>MAR. 2, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MONTROSE CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>Montrose, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Haysant</u> ADDRESS <u>Clinton, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar-2-53</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u> '422	

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed _____

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.