

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013706
State File No.

FILED APR 16 1958

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5373 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u> <u>99</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -- a. STATE <u>Mo</u> b. COUNTY <u>DeKalb</u> <u>0320</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maysville</u>		c. LENGTH OF STAY (In this place) <u>4 weeks</u>	c. CITY OR TOWN <u>Clarksdale</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maple Lawn Rest Home</u>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Settie</u>	b. (Middle)	c. (Last) <u>Brown</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-5-1958</u>
-------------------------------------	--------------------------	-------------	------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1-27-1875</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days Hours Min.
----------------------	-------------------------------	---	-----------------------------------	---	--

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>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo,</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>D.N. Pulley</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Dunlap</u>	14. NAME OF HUSBAND OR WIFE <u>none</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>XXXXXXXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Corlus Pulley</u>	ADDRESS <u>Clarksdale Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Endocarditis</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>no</u> 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) <u>4214</u>
--	--	---

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 Aug., 1951, to April 5, 1958, that I last saw the deceased alive on 4/5, 1958, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. Gerald Fowler</u> (Degree or title)	23b. ADDRESS <u>27 Maysville Mo</u>	23c. DATE SIGNED <u>4/6/58</u>
---	-------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-8-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clarksdale</u>	24d. LOCATION (City, town, or county) (State) <u>Clarksdale Mo</u>
---	-------------------------	--	--

DATE REC'D BY LOCAL REG. <u>4-10-58</u>	REGISTRAR'S SIGNATURE <u>Basore Davidson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Brown</u>	ADDRESS <u>Maysville Mo</u>
---	--	--	-----------------------------

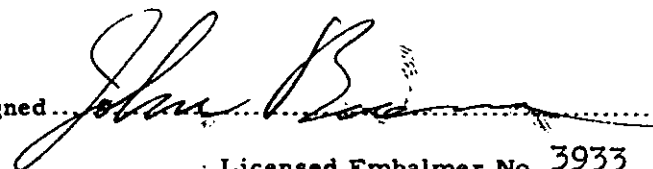
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0320

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 

Licensed Embalmer No. 3933

P. O. Address Maysville 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.