

FILED FEB 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 110

BIRTH NO. _____		REG. DIST. NO. <u>20</u>		PRIMARY REG. DIST. NO. <u>4031</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give town or OR TOWN <u>Adrian</u>)		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrian</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Alice</u> b. (Middle) <u>May</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26 1949</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>April 4, 1872</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u>		IF UNDER 24 HOURS Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Bates County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>American</u>							
13a. FATHER'S NAME <u>Thomas Balgum</u>			13b. MOTHER'S MAIDEN NAME <u>Eliza Piddle</u>			14. NAME OF HUSBAND OR WIFE <u>John Isaac 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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H. A. Mudd, Adrian Mo.</u>		ADDRESS _____
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of breast with metastasis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</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>none</u>					
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION <u>170</u>					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) <u>Adrian</u> (COUNTY) <u>Bates</u> (STATE) <u>Mo.</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 <u>1940</u> , 19____, to <u>Jan 24, 1949</u> , that I last saw the deceased alive on <u>Jan 24, 1949</u> , and that death occurred at <u>2:20 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. C. Robinson</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Adrian Missouri</u>		23c. DATE SIGNED <u>Jan 28-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Jan. 29, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Prevel Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 28-1949</u>		REGISTRAR'S SIGNATURE <u>Myra Owens</u> <u>16</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leath & Sig Adrian Mo</u> ADDRESS _____			

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

RECEIVED
District Health Officer No. 7,
District File Number 12-48-1627
Date Filed 1-31-49

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.

Signed *Edwin Me*

Signed.....
Student Embalmer

Licensed Embalmer No. 3650

P. O. Address Adrian Me

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.