

No. 300  
10-48

FILED JAN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 373

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY OR TOWN <b>Poplar Bluff</b>		c. CITY OR TOWN <b>Poplar Bluff</b>	
c. LENGTH OF STAY (in this place) <b>1 yr</b>		d. STREET ADDRESS (If rural, give location) <b>1024 Grand</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Leona</b> b. (Middle) <b>Bell</b> c. (Last) <b>Brown</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 16 1949</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>June 2 1872</b>		9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months Days Hours Min. <b>7 14</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Grayson Co., Ky.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>J.W. Craig</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Bratcher</b>		14. NAME OF HUSBAND OR WIFE <b>T.M. Brown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>E.F. Payton</b>	
				ADDRESS <b>Poplar Bluff, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage, left</b>		DUPLICATE (b) <b>arterial hypertension</b>				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) <b>General arteriosclerosis</b>				
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 <b>3/31</b>			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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>D</b>		

22. I hereby certify that I attended the deceased from 1-7, 1949, to 1-16, 1949, that I last saw the deceased alive on 1-16, 1949, and that death occurred at 4:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Garden Oldenickson M.D.</b>		23b. ADDRESS <b>Poplar Bluff Mo.</b>		23c. DATE SIGNED <b>1-14-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-17-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Harper Cemetery</b>	
		24d. LOCATION (City, town, or county) <b>Aid</b>		(State) <b>Mo.</b>	

DATE REC'D BY LOCAL REG. <b>1-20-49</b>		REGISTRAR'S SIGNATURE <b>R. H. Munter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Funeral Home</b>	
				ADDRESS <b>Sen Dexter Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2

District File Number 149-12

Case Filed 1-24-2

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

*Marsh Watkins*

Student Embalmer No. 255

working under my personal supervision.

Student *Marsh Watkins*  
Student Embalmer

Signed *Lynne Steele*

Licensed Embalmer No. 2476

P. O. Address *Dexter 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.