

FILED JAN 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3731**

BIRTH NO. _____ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4496** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbyville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbyville	
c. LENGTH OF STAY (in this place) 3 years		d. STREET ADDRESS (If rural, give location) 102	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 9	
3. NAME OF DECEASED a. (First) Lee b. (Middle) _____ c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) Jan - 6 - 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 6 - 1869
9. AGE (in years last birthday) 79		IF UNDER 1 YEAR Months 7 Days 0	
IF UNDER 4 HRS. Hours 0 Min. _____		11. BIRTHPLACE (State or foreign country) Marion County, Mo	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Wm Brown		13b. MOTHER'S MAIDEN NAME Bettie Briscoe	
14. NAME OF HUSBAND OR WIFE Virginia Brown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Virginia Brown ADDRESS Shelbyville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus INTERVAL BETWEEN ONSET AND DEATH ? ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Gangrene of toes	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis		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) no		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 June 15, 1948 to Jan 6, 1949 , that I last saw the deceased alive on Dec 31, 1948 and that death occurred at 2:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE H. O. Brewer M.D. (Degree or title)		23b. ADDRESS Shelbyville Mo	
23c. DATE SIGNED 1-12-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Jan. 9 - 1949		24c. NAME OF CEMETERY OR CREMATORY Shiloh Cemetery	
24d. LOCATION (City, town, or county) Shelby County (State) Mo		25. FUNERAL DIRECTOR'S SIGNATURE E. P. Thompson ADDRESS Shelbyville Mo.	
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE 419	

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

APR 13 1949

RECEIVED

District Health Officer No. 10

District File Number 1-49-10

Date Filed JAN 17 1949

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.....

Myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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.