No. 300
10.48

FILED APR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14554

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6112 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL KELSO TWP
c. LENGTH OF STAY (in this place): 11 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): AT HOME 4½ MI SW OF CHAFFEE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SCOTT TWP
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL KELSO TWP
d. STREET ADDRESS (If rural, give location): 4½ MI SW OF CHAFFEE

3. NAME OF DECEASED (Type or Print)
a. (First): GRACIE
b. (Middle): OLLY
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): MAR 31 1949

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 19, 1881
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 8, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): LUCASVILLE, OHIO
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: IZAAK N JOHNSON
13b. MOTHER'S MAIDEN NAME: AMANDA M GRAHAM
14. NAME OF HUSBAND OR WIFE: LEE 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: Mrs Lurena Johnson — ADDRESS: Chaffee Rt 2, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardio Renal Vascular Disease

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.

INTERVAL BETWEEN ONSET AND DEATH: 442X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1949, *to* March 31-49, *that I last saw the deceased alive on* 3/30, 1949, *and that death occurred at* 10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas C. McClure MD
23b. ADDRESS: Dibeston. Mo.
23c. DATE SIGNED: 4-1-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL 1, 1949
24c. NAME OF CEMETERY OR CREMATORY: FRIENDS
24d. LOCATION (City, town, or county) (State): ORAN, MISSOURI

DATE REC'D BY LOCAL REG.: 4/4/49
REGISTRAR'S SIGNATURE: G.B. MacCready 298
25. FUNERAL DIRECTOR'S SIGNATURE: Bispling hoff Funeral Home — ADDRESS: Chaffee, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 5
District File Number 449-49
Date Filed 4-18-9

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 Jack L. Burnett
Licensed Embalmer No. 4473
P. O. Address Chaffee, Missouri

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.