

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **14998**  
Registrar's No. **171 109**

BIRTH NO.		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>2007</b>		Registrar's No. <b>171 109</b>		
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 (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (In this place) <b>1</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		d. STREET ADDRESS (If rural, give location) <b>618 Cherry</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>618 Cherry St.</b>				d. STREET ADDRESS (If rural, give location) <b>618 Cherry</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lewis</b> b. (Middle) <b>Delmer</b> c. (Last) <b>Brown</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 2 1949</b>					
5. SEX <b>Male C</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 11, 1912</b>		
9. AGE (In years last birthday) <b>37</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>21</b>		IF UNDER 1 HR. Hours <b></b> Mins. <b></b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Timber Worker</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Butler Co. Mo.</b>		
12. CITIZEN OF WHAT COUNTRY? <b>0</b>			13a. FATHER'S NAME <b>Lewis H. Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Effie Ervin</b>		14. NAME OF HUSBAND OR WIFE <b>Doris Williams Brown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Doris Brown</b> ADDRESS <b>Poplar Bluff Mo.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pending General Edema</b> ANTECEDENT CAUSES <b>acute alcoholism</b> DUE TO (b) <b></b> DUE TO (c) <b></b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH  <b>3220</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21d. (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <b>Ernest W. Greer</b> (Degree or title) <b>Coroner</b>				23b. ADDRESS <b>Poplar Bluff Mo.</b>		23c. DATE SIGNED <b>4/19-49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 4, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>		24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff Mo.</b>		
DATE REC'D BY LOCAL REG. <b>4/19/49</b>		REGISTRAR'S SIGNATURE <b>W. H. Johnson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank Cotrell</b> ADDRESS <b>Poplar Bluff Mo.</b>				

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

12  
7  
3

May 10, 1949

Licensed Embalmer's Statement on Reverse Side)

MAY 16 REC'D

BUTLER COUNTY HEALTH CENTER

549-97

5-16-49  
JAN 21 1959

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 *James W. Green*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.