

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 11 1949

REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5944 Registrar's No. 17

BIRTH NO. _____		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>5944</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North Pilgrimage Township</u>		c. LENGTH OF STAY (in this place) <u>2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James - Rural</u>		81	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fountain Nursing Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>W</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 24-49</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3-4-1864</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Month <u>2</u> Day <u>23</u>		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Phelps Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>James Brown</u>			13b. MOTHER'S MAIDEN NAME <u>Pauline McDoal</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Brown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Brown St James Mo</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u> <u>4 year</u> <u>4 year</u> <u>593X</u>
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>April 19, 1949</u> to <u>May 26, 1949</u> , that I last saw the deceased alive on <u>5-22, 1949</u> , and that death occurred at <u>1:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Hammler, M.D.</u> (Degree or title)				23b. ADDRESS <u>St. James, Mo.</u>		23c. DATE SIGNED <u>June 4, 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Burial Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Phelps Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 4, 49</u>		REGISTRAR'S SIGNATURE <u>Corra C. Birmingham</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cl. Licklider, St James Mo</u>			

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 Oral E. Licklider

Licensed Embalmer, No. 354P

P. O. Address 27 James 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.