

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18830**

FILED JUL 15 1949

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u>	
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>318 E. First N. St 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>ANDREW CLAYTON BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 3, 1949</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 8, 1888</u>		9. AGE (In years last birthday) <u>60</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>umber buyer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Holland Ky 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Sam Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Conham</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby Cook Brown</u>		
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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>404-26-7260</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert A. Nail</u> ADDRESS <u>314 E 1st N. Jackson Mo.</u>		
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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) <u>Carcinoma of the Colon</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			153X
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asthma</u>			4 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 Apr 24, 1949, to July 3, 1949, that I last saw the deceased alive on July 3, 1949, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. F. McDonald M.D.</u>	23b. ADDRESS <u>Jackson, Mo</u>	23c. DATE SIGNED <u>7-6-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 6, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holland Ky</u>
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DATE REC'D BY LOCAL REG. <u>7-6-49</u>	REGISTRAR'S SIGNATURE <u>C. G. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Miller</u> ADDRESS <u>Jackson</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

16
14

RECEIVED 7-11-49

District Health Officer No. 4

District File Number 749-906

Date Filed

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 *Ken C. Cravat*

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.