

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27714

State File No. _____

FILED AUG 31 1949

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 188

68-533

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

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOBERLY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CENTRALIA</u>	
c. LENGTH OF STAY (in this place) <u>1</u> <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL RT.#1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MCCORMICK HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PEARL</u> b. (Middle) _____ c. (Last) <u>BROWN.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 25 1949</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct. 19-1884</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u>6</u> Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPER</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>DAVID BROWN</u>	13b. MOTHER'S MAIDEN NAME <u>ANNIE FULLER</u>	14. NAME OF HUSBAND OR WIFE <u>HARVE BROWN-DECEASED</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS VIRGIL STANFORD</u>	ADDRESS <u>CENTRALIA-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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4343</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nodal Tachycardia</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED (WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>)	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 8-16-49 to 8-25-49, that I last saw the deceased alive on 8-24-49, and that death occurred at 3:37 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Baker</u>	(Degree or title) _____	23b. ADDRESS <u>Centralia Mo</u>	23c. DATE SIGNED <u>8/25/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Aug-27-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CENTRALIA</u>	24d. LOCATION (City, town, or county) (State) <u>CENTRALIA MO.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 27-49</u>	REGISTRAR'S SIGNATURE <u>Seal</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>269</u>	ADDRESS <u>Centralia</u>
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RECEIVED AUG 30 1949
District Health Officer No. 1
District File Number 8-49-28
Date Filed AUG 30 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Wm. J. Smith
Licensed Embalmer No. 4290
P. O. Address Central 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.

Wm. J. Smith