

FILED OCT 31 1949

STANDARD CERTIFICATE OF DEATH

State File No. **34290**
Registrar's No. **25**

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

BIRTH NO. _____ REG. DIST. NO. **176** PRIMARY REG. DIST. NO. **8-15-C**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Ozark Twntship		c. LENGTH OF STAY (in this place) 4 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION R # 3 Ash Grove Mo.		d. STREET ADDRESS (If rural, give location) R. F. D. # 3 Ash Grove Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Prudie b. (Middle) _____ c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 7, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (in years last birthday) 78
11. BIRTHPLACE (State or foreign country) Barry County Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Jesse B. Henson		13b. MOTHER'S MAIDEN NAME Melvina Doty	
14. NAME OF HUSBAND OR WIFE Jacob Brown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Della Bartlesmeyer, Marionville 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) Coronary occlusion 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 5 MIN	
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) (Min.) _____	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 <u>after death</u> , to _____, 19____, that I last saw the deceased <u>at death</u> 10/6, 1949 , and that death occurred at 8:45 A. M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Herman Hurridge, Coroner's		23b. ADDRESS Marionville Mo	
23c. DATE SIGNED 10/6/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct. 8, 1949		24c. NAME OF CEMETERY OR CREMATORY Clio Cemetery	
24d. LOCATION (City, town, or county) (State) Jenkins, Mo. Barry Co.		25. FUNERAL DIRECTOR'S SIGNATURE H. S. Burrage	
DATE REC'D BY LOCAL REG. 10-7-49		ADDRESS Marionville Mo	

RECEIVED OCT 14 1949
District Health Office No. 6,
District File Number 1049-1144
Date Filed 10-24-49

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 *Herman Turridge*

Licensed Embalmer No. *3072*

P. O. Address *Marionville*

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.