S. No. 300
V. 10/48

FILED NOV 18 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39889

BIRTH NO. _____ REG. DIST. NO. 335 PRIMARY REG. DIST. NO. 6118 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (SYLVAINIA)
c. LENGTH OF STAY (in this place): 16 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: SCOTT 100
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL
d. STREET ADDRESS (If rural, give location): R.F.D#1 PAINTON MO.

3. NAME OF DECEASED (Type or Print)
a. (First): FANNIE
b. (Middle):
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 13 1949

5. SEX: 3 FEMALE
6. COLOR OR RACE: COLORED
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED /
8. DATE OF BIRTH: OCTOBER 19-1915
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months 11, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): SOUTH BEND ARKANSAS /
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: DAVID GIBSON
13b. MOTHER'S MAIDEN NAME: LILLY AYERS
14. NAME OF HUSBAND OR WIFE: BROOKER T. BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Brooker T. Brown — ADDRESS: Painton 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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): unknown to me
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 ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* ~~from~~ on 10/12, 1949, ~~to~~ ~~10~~, *that I last saw the deceased alive on* 10/12, 1949, *and that death occurred at* 12:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J A Cline MD
23b. ADDRESS: Oran Mo
23c. DATE SIGNED: 10/13/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 17 1949
24c. NAME OF CEMETERY OR CREMATORY: McMULLEN
24d. LOCATION (City, town, or county) (State): SCOTT COUNTY MO.

DATE REC'D BY LOCAL REG.: 11/5/49
REGISTRAR'S SIGNATURE: G B MacCready 298
25. FUNERAL DIRECTOR'S SIGNATURE: Earl J Smith — ADDRESS: Oran Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 14 1949
District Health Office No.
District File Number 1149-1
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~~ .....

working under my personal supervision.

Student Embalmer No. .....

Signed Earl J. Smith

Signed .....
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address Oran, 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.