

FILED FEB 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2

BIRTH NO. REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1123 N. Centennial	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Laura	b. (Middle) Mae	c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) Jan. 26 1950
-------------------------------------	------------------	-----------------	-----------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Mar. 15, 1903	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
---------------	------------------------	---	--------------------------------	------------------------------------	------------------------	-----------------------------

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

13a. FATHER'S NAME William H. Mackey	13b. MOTHER'S MAIDEN NAME Mindi Burke	14. NAME OF HUSBAND OR WIFE Raymond Brown
--------------------------------------	---------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME William H. Mackey, Kirksville, Mo.	ADDRESS
--	------------------------------	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Progressive circulatory failure		5-6 hours
ANTECEDENT CAUSES		DUE TO (b) Delayed post-surgical shock	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Evidence of hepatitis?	
II. OTHER SIGNIFICANT CONDITIONS		1633x	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 1-25-50	19b. MAJOR FINDINGS OF OPERATION Total hysterectomy, incisional and umbilical hernioplasty, perineorrhaphy.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--------------------------------	---	--

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) m.	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 1-24-50, to 1-26-50, 1950, that I last saw the deceased alive on 1-25-50, 1950, and that death occurred at 2:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Paul Laughlin</i> D.O.	23b. ADDRESS Kirksville, Mo.	23c. DATE SIGNED 1-28-50
--	------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/29/50	24c. NAME OF CEMETERY OR CREMATORY Highland Park	24d. LOCATION (City, town, or county) (State) Kirksville, Missouri
--	-------------------	--	--

DATE REC'D BY LOCAL REG. 1-28-50	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE (Address) Kirksville, Missouri
----------------------------------	------------------------------------	---

RECEIVED FEB 7 1950
District Health Officer No. 10
File Number 238-261
FEB 7 1950
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 Ray H. Mercer

Licensed Embalmer No. 4432

P. O. Address Kirksville, 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.