

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 4105

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>38</u>		
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</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. LENGTH OF STAY (In this place) <u>today</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		0160		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>near Neelys Landing</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>WASHINGTON</u> c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 8, 1950</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Jan 13, 1878</u>		
9. AGE (16 years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>New Wells Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James A Brown</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Robbins</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. F. Brown</u> ADDRESS <u>Neelys Landing Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fracture left hip, frozen hands</u>					<u>7 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fall in field where he remained for 24 hours</u>					<u>7 days</u>	
		DUE TO (c) <u>concealed with ice.</u>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary atelectasis</u>					<u>2 days</u>	
19a. DATE OF OPERATION <u>2-6-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intra-osteoclastic fracture left hip</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident on farm</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Neelys Landing, Cape Girardeau Mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Neelys Landing, Cape Girardeau Mo</u>				
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 AND INJURY OCCURRED <u>Fall on ice in field E 9030</u>				
22. I hereby certify that I attended the deceased from <u>2-2</u> , 19 <u>50</u> , to <u>2-8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2-8</u> , 19 <u>50</u> , and that death occurred at <u>2:20 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R.A. Pettit, M.D.</u>				23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>2-11-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 10, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel</u>		24d. LOCATION (City, town, or county) (State) <u>near Pocaboutas Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-13-1950</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		44 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Miller</u> ADDRESS <u>Jackson Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 11 1950

RECEIVED

FEB 20 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-203

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.

Signed Gene C. Criswell

Signed.....  
Student Embalmer

Licensed Embalmer No. 41327

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.