S. No. 300
v. 10.48

0470
1

FILED MAR 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8469

State File No.

BIRTH NO. 25928-49 REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural, Arcadia Twsp.
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ½ mi. east of Ironton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Arcadia Twsp. 0470
d. STREET ADDRESS (If rural, give location): ½ mi. east of Ironton 0

3. NAME OF DECEASED (Type or Print)
a. (First): Melvin
b. (Middle): Lester
c. (Last): Browers

4. DATE OF DEATH (Month) (Day) (Year): March 12 1950

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single ()
8. DATE OF BIRTH: Dec. 30 1949
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 2, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ironton Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Harvey Browers
13b. MOTHER'S MAIDEN NAME: Mae Hughes
14. NAME OF HUSBAND OR WIFE: #

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.: no.
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Harvey Browers, Ironton 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) Hypertrophy of thymus — INTERVAL BETWEEN ONSET AND DEATH: since birth

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Ac. bronchopneumonia — 1 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Malnutrition — 7543

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) m.:
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* 2-14, 1950, *to* 3-12, 1950, *that I last saw the deceased alive on* 3-11, 1950, *and that death occurred at* 2.20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Brice M. Bull, M.D.
23b. ADDRESS: Ironton, Mo.
23c. DATE SIGNED: 3-16-50.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0
24b. DATE: 3-13-50
24c. NAME OF CEMETERY OR CREMATORY: Cove
24d. LOCATION (City, town, or county) (State): Arcadia Mo.

DATE REC'D BY LOCAL REG.: Mar 27 1950
REGISTRAR'S SIGNATURE: Mrs Avis Jones 128 0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: White Funeral Home, Ironton Mo.
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAR 30 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-466

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 Russell J. White

Licensed Embalmer No. 3012

P. O. Address Junction City

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.