

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

9197

State File No.

0493
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>328</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. LENGTH OF STAY (In this place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		0493 7	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stone Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>830 Fulton St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u>		b. (Middle) <u>STEWART</u>		c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 12, 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>May 27, 1869</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u>15</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired drayman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>hauling</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah ?</u>		14. NAME OF HUSBAND OR WIFE <u>Emma E. Brown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Harry Reed, 808 River, Carthage Mo</u>			
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) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u> <u>2200</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <u>Feb 11, 1950</u> to <u>Feb 12, 1950</u> , that I last saw the deceased alive on <u>Feb 12, 1950</u> , and that death occurred at <u>6:10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. Albert B. Wheeler</u>				23b. ADDRESS <u>Carthage Mo</u>		23c. DATE SIGNED <u>2/13/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Feb 14, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 14-50</u>		REGISTRAR'S SIGNATURE <u>R. B. Clinton</u>		139 25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary, Carthage, Mo.</u>		ADDRESS	

per. Ferguson R.H. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-20-50
Jasper County Health Office

County File Number 50-2-10B

Date Filed 3-13-50

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 _____

GENE H. PARRENT

Student Embalmer No. 349

working under my personal supervision.

Student Gene H. Parrent
Student Embalmer

Signed Frank W. Knell

Licensed Embalmer No. 4440

P. O. Address Carthage

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.