

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13631

State File No.

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5641 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Dover (Dover Twp)</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dover</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Dover Twp.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>ELIZABETH</u>	c. (Last) <u>BROWN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>June 12, 1862</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>26</u>	IF UNDER 4 HRS. Hour <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Alma, Mo.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Abram J. Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Decinda Walker</u>	14. NAME OF HUSBAND OR WIFE <u>Greenup Brown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. O.T. Holman, Dover, Mo.</u>	ADDRESS
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular Renal disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-25-70 4-8-50</u> <u>3-25-70 4-8-00</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-26, 1950, to 4-8, 1950, that I last saw the deceased alive on 4-7, 1950, and that death occurred at 4:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>George G. Kelling, M.D.</u> (Degree or title)	23b. ADDRESS <u>Waverly, Mo.</u>	23c. DATE SIGNED <u>4/8/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/9/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dover</u>	24d. LOCATION (City, town, or county) (State) <u>Dover, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 28-1950</u>	REGISTRAR'S SIGNATURE <u>Clayton W. Langrum</u>	154 FUNERAL DIRECTOR'S SIGNATURE <u>Forest T. Kempel</u>	ADDRESS <u>Hel. Mo.</u>
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Licensed Embalmer's Statement on Reverse Side

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

RECEIVED

MAY 3

District Health Officer No. 8,

District File Number _____

Date Filed _____

5/4/50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.