

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14173

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3066		Registrar's No. 101	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Audrain			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Moberly		c. LENGTH OF STAY (in this place) 2 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		2042	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hosp.				d. STREET ADDRESS (If rural, give location) 706 East Park			
3. NAME OF DECEASED (Type or Print) a. (First) Nina b. (Middle) Marie c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) January 11, 1950				
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Dec 13 - 1904	
9. AGE (In years last birthday) 45		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Macon, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Dexter Brown		13b. MOTHER'S MAIDEN NAME Melissa Brown		14. NAME OF HUSBAND OR WIFE None	
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. xxxxx		17. INFORMANT'S SIGNATURE OR NAME Julius Brown		ADDRESS Mexico, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lobar pneumonia, bilateral</i> INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> 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. <i>Diabetic acidosis</i>			
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 <i>Jan 11, 1950</i> , to <i>Jan 11, 1950</i> , that I last saw the deceased alive on <i>Jan 11, 1950</i> , and that death occurred at <i>3:45 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Clarence C. Cobbs, M.D.</i>				23b. ADDRESS <i>204 1/2 E. 4th St Moberly, Mo.</i>		23c. DATE SIGNED Jan. 12/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/14/50		24c. NAME OF CEMETERY OR CREMATORY Woodland		24d. LOCATION (City, town, or county) (State) Macon, Mo.	
DATE REC'D BY LOCAL REG. Apr 17-50		REGISTRAR'S SIGNATURE <i>Leah Williams</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Albert Skinner</i>		ADDRESS Macon	

(Licensed Embalmer's Statement on Reverse Side)

220

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

APR 18 1950

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 Albert Skinner

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 751

P. O. Address Macon Ga

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.