V.S. No. 300
Rev. 10-48

0501

FILED MAY 24 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

17184

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3029 Registrar's No. 43

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

**1. PLACE OF DEATH**
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Crystal City
c. LENGTH OF STAY (in this place) 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Crystal City 0501
d. STREET ADDRESS (If rural, give location) 902 Taylor Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First) Roy
b. (Middle) George
c. (Last) Brown

**4. DATE OF DEATH** (Month) (Day) (Year) April 24, 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 28, 1895
9. AGE (In years last birthday) 55 — IF UNDER 1 YEAR Months 2 Days 26 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY General Work
11. BIRTHPLACE (State or foreign country) Sprout, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Brown
13b. MOTHER'S MAIDEN NAME Emily Pinkston
14. NAME OF HUSBAND OR WIFE Flora Brown

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 Mrs. Roy Brown — ADDRESS Crystal City, 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) Bronchogenic Carcinoma Left lung — INTERVAL BETWEEN ONSET AND DEATH unkn

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c) Nephritis acute — 2 weeks

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* — 162X

19a. DATE OF OPERATION March 29 50
19b. MAJOR FINDINGS OF OPERATION Exploratory Thoracotomy
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* April 10, 1950, *to* April 24, 1950, *that I last saw the deceased alive on* April 24, 1950, *and that death occurred at* 2:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Henry Goskit M.D.
23b. ADDRESS Festus Mo
23c. DATE SIGNED 4/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 26, 1950
24c. NAME OF CEMETERY OR CREMATORY Rosehawn Memorial
24d. LOCATION (City, town, or county) (State) Crystal City, Mo.

DATE REC'D BY LOCAL REG. 4/27/50
REGISTRAR'S SIGNATURE Cleora Belleville 142
25. FUNERAL DIRECTOR'S SIGNATURE Gentry R. Politte — ADDRESS Crystal City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 27 1950

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 5-16-50

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**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 Gentry R. Collette

Licensed Embalmer No. 3481

P. O. Address Crystal City, 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.