

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17466

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5751 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MADISON	
b. CITY OR TOWN RURAL - St. Michael		c. CITY (If outside corporate limits, write RURAL, and give township) 0620 OR TOWN RURAL - St. Michael	
c. LENGTH OF STAY (in this place) 80 years		d. STREET ADDRESS (If rural, give location) ROUTE 3, FREDERICKTOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION ROUTE 3, FREDERICKTOWN, MO.			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) WILLIAM c. (Last) BROWN			4. DATE OF DEATH (Month) (Day) (Year) MAY 28, 1950		
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2		8. DATE OF BIRTH APRIL 5, 1868		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months - Days -		IF UNDER 4 HRS. Hours - Min. -	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY NONE			11. BIRTHPLACE (State or foreign country) MISSOURI 0			12. CITIZEN OF WHAT COUNTRY? U.S.		
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13a. FATHER'S NAME ABRAHAM BROWN			13b. MOTHER'S MAIDEN NAME EMELINE Rodgers			14. NAME OF HUSBAND OR WIFE CELIA A. BROWN		
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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) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY MILLER, Route 3, Fredericktown, Mo.			
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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) Myocardial degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 6 months 6 years 4221	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 1-25, 1950, to MAY 28, 1950, that I last saw the deceased alive on MAY 28, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Kenneth P. Wheeler		23b. ADDRESS Fredericktown, Mo.		23c. DATE SIGNED 5-30-50	
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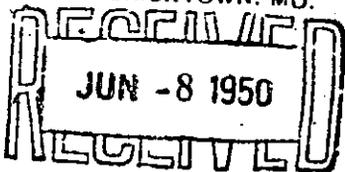
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL (1)		24b. DATE 5-30-50		24c. NAME OF CEMETERY OR CREMATORY MARCUS MEMORIAL PARK CEM.		24d. LOCATION (City, town, or county) (State) MADISON COUNTY MISSOURI	
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DATE REC'D BY LOCAL REG. 5-30-1950		REGISTRAR'S SIGNATURE Florence Hicks		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sam Sajim, Jr., Fredericktown, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

620

ANDERSON CO. HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 550-2

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 William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.