No. 300
10.48

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17812

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6000 Registrar's No. 24

0870 1

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

1. PLACE OF DEATH
a. COUNTY: Ralls,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Jasper Township)
c. LENGTH OF STAY (in this place): 2yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. Perry, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Ralls,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Jasper Township)
d. STREET ADDRESS (If rural, give location): R.F.D. Perry, Mo. 0870 1

3. NAME OF DECEASED (Type or Print): a. (First) Wilburt R. Brown. b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): May, 16, 1950.

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married. 1
8. DATE OF BIRTH: April, 12, 1899
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months 1, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Center, Missouri. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Earl Brown
13b. MOTHER'S MAIDEN NAME: Laura Hall.
14. NAME OF HUSBAND OR WIFE: Gladys Brown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Gladys A. Brown — ADDRESS: Perry, 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hr

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. 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* May 16, 1950, *to* May 16, 1950, *that I last saw the deceased alive on* May 16, 1950, *and that death occurred at* 11:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ernest T. Swan 2 D.O.
23b. ADDRESS: Perry, Missouri.
23c. DATE SIGNED: 5/17/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 5/18/1950
24c. NAME OF CEMETERY OR CREMATORY: Lickcreek Cemetery
24d. LOCATION (City, town, or county) (State): Perry, Missouri.

DATE REC'D BY LOCAL REG.: 5-17-50
REGISTRAR'S SIGNATURE: Clyde Wilbey 267
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde C. Wilbey — ADDRESS: Perry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 2 2 19
District Health Officer No.
District File Number 5-50-
Date Filed

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

working under my personal supervision.

Student Embalmer No.

Signed Clyde O. Willey

Signed
Student Embalmer

Licensed Embalmer No. 3820

P. O. Address Perry Iowa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.