

FILED JUL 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21115

State File No. _____ Registrar's No. 85

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>5902</u>		Registrar's No. <u>85</u>		
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Lincoln</u>				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Hayti</u>		c. LENGTH OF STAY (in this place) <u>1 yr</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Hayti 8780</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hayti - Heights</u>				d. STREET ADDRESS (If rural, give location) <u>Hayti - Heights</u>				
3. NAME OF DECEASED (Type or Print) <u>Katherinelean BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 30 - 50</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>		8. DATE OF BIRTH <u>4-20-1900</u>		
9. AGE (In years last birthday) <u>50</u>		10. MONTHS <u>2</u>		11. YEAR <u>10</u>		12. IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <u>Housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>West Memphis, Ark!</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Woodard</u>			13b. MOTHER'S MAIDEN NAME <u>Melrose Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Harvey Brown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Howard, West Memphis, Ark.</u>			
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>Coronary heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> " <u>went to bed went to sleep never woke up</u> DUE TO (c) <u>49 1/2</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
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)		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 <u>Leola Ann Orinial, 1953</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Christine O. M.D.</u>				23b. ADDRESS <u>Hayti, Mo.</u>		23c. DATE SIGNED <u>7-3-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>		24b. DATE <u>7-6-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln Mo</u>		
DATE REC'D BY LOCAL REG. <u>7-6-50</u>		REGISTRAR'S SIGNATURE <u>John W. Gorman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Smith Hayti Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

180

7-50-189

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE
CARUTHERSVILLE, MO. PHONE 79
JUL 4 1979

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 Fred J. Smith
Licensed Embalmer No. 4408
P. O. Address Sikeston, 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.