

FILED AUG 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26184

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 264

1. PLACE OF BIRTH a. COUNTY <i>Callaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Callaway</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Fulton</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Fulton</i>	
c. LENGTH OF STAY (in this place) <i>2 Days</i>		d. STREET ADDRESS (If rural, give location) <i>221 E. Sixth</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Callaway County Hospital</i>			

3. NAME OF DECEASED (Type or Print) <i>Alonso Brown</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 9 - 1950</i>		
a. (First)	(Middle)	(Last)	(Month)	(Day)	(Year)

5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct 20 - 1892</i>	9. AGE (In years last birthday) <i>57</i>	10. MONTHS <i>9</i>	11. DAYS <i>26</i>	12. IF UNDER 24 HRS. Hours <i>0</i> Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Sanitor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>School for Deaf</i>		11. BIRTHPLACE (State or foreign country) <i>Fulton Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
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13a. FATHER'S NAME <i>Charles Brown</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Lyons</i>		14. NAME OF HUSBAND OR WIFE <i>Mabel</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes World War I.</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Mabel Brown, Fulton, Mo.</i>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma Rt. Lung.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 mos</i>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <i>(Brochogenic)</i>			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		—		<i>16 2/3</i>	

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) (m.)		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 *1944*, to *8-9-*, *1950*, that I last saw the deceased alive on *8-8-*, *1950*, and that death occurred at *3 A* m., from the causes and on the date stated above.

23a. SIGNATURE <i>John J. Brown, M.D.</i> (Degree or title)		23b. ADDRESS <i>Fulton Mo</i>		23c. DATE SIGNED <i>8-9-50</i>	
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24. BURIAL, CREMATION, REMOVAL (Specify)		24a. DATE <i>Aug-11-1950</i>		24b. NAME OF CEMETERY OR CREMATORY <i>South Side Cemetery</i>		24c. LOCATION (City, town, or county) (State) <i>Fulton Mo</i>	
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DATE REC'D BY LOCAL REG. <i>Aug-10-1950</i>		REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Eli Bell</i>		ADDRESS <i>Fulton, Mo.</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE NO. 4

File No.

AUG 13 1950

RECEIVED

AUG 25 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, ~~only~~

working under my personal supervision.

Student Embalmer No.....

Signed

Eli Bell

Signed.....  
Student Embalmer

Licensed Embalmer No. 2130

P. O. Address: Fulton, 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.