

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27655

BIRTH NO. _____		REG. DIST. NO. <u>248</u>		PRIMARY REG. DIST. NO. <u>5841</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u> b. CITY (If outside corporate limits, write RURAL and give town OR <u>Rural Buffalo</u>) c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles SE of Seneca</u>				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> d. STREET ADDRESS (If rural, give location) <u>1515 Ohio St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marion</u> b. (Middle) <u>Harrison</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 9 1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Jan. 11, 1889</u>	
9. AGE (in years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cigar factory</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>J.M. Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Harriett Cox</u>		14. NAME OF HUSBAND OR WIFE <u>Effie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War I</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rosie Fisher, Joplin, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> 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. <u>4:20/1</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
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>Aug 9, 1950</u> , to <u>Aug 9, 1950</u> , that I last saw the deceased alive on <u>Aug 9, 1950</u> and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John B. Roberts, D.O.</u>				23b. ADDRESS <u>Seneca Mo.</u>		23c. DATE SIGNED <u>8/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-12-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood, Cenul.</u>		24d. LOCATION (City, town, or county) (State) <u>Newton Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-12-50</u>		REGISTRAR'S SIGNATURE <u>Phyllis J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. E. Kiddlecome Seneca Mo.</u>			

(Licensed Emballer's Statement on Reverse Side)

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

730
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RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPARTMENT

District File Number 850-166

Date Filed ~~Aug 17 1950~~ August 16, 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed W E Beddcome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.