

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36841

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 2508 Registrar's No. 28

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| 1. PLACE OF DEATH a. COUNTY <u>HENRY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HENRY</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONTROSE-RURAL-DEEPWATER Miss.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONTROSE-RURAL-1 0470</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If rural, give location) <u>NORTH WEST OF MONTROSE</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MAGDALINE</u> b. (Middle) <u>V</u> c. (Last) <u>BROWNSBERGER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 17-1950</u> | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>FEBR. 16-1897</u> | 9. AGE (In years last birthday) <u>53</u> | # UNDER 1 YEAR Months <u>10</u> Days <u>1</u> Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |

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| 13a. FATHER'S NAME <u>MAX NOHD</u> | 13b. MOTHER'S MAIDEN NAME <u>VICTORIA NICKERMAN</u> | 14. NAME OF HUSBAND OR WIFE <u>ANDREW BROWNSBERGER</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> | 17. INFORMANT'S SIGNATURE OR NAME <u>Andrew Brownsberger</u> ADDRESS <u>Montrose</u> |
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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, ashtenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbidity 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>4501</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
| 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? |

22. I hereby certify that I attended the deceased from 10 Jan, 1950, to 17 Nov, 1950, that I last saw the deceased alive on 14 Nov, 1950, and that death occurred at 200 P.m., from the causes and on the date stated above.

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|---|-----------------------------------|-------------------------------------|
| 23a. SIGNATURE <u>W. L. [Signature]</u> (Degree or title) | 23b. ADDRESS <u>Capleton City</u> | 23c. DATE SIGNED <u>18 Nov 1950</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>NOV. 20-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ST MARY'S CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>MONTROSE - MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>Dec-1-50</u> | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | 422 F. FUNERAL DIRECTOR'S SIGNATURE <u>Adair Helling</u> ADDRESS <u>Montrose Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12/4/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 12/4/50

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 _____
on the 17th day of Nov 1950
working under my personal supervision.

Student Embalmer No.

Signed Frank Lee

Signed.....
Student Embalmer

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.