

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37384**

BIRTH NO. _____ REG. DIST. NO. **134** PRIMARY REG. DIST. NO. **5575** Registrar's No. **48**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY JACKSON	
b. CITY OR TOWN RURAL JACKSON COUNTY		c. CITY OR TOWN RURAL JACKSON COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1034 CENTRAL		d. STREET ADDRESS (If rural, give location) 103 - CENTRAL	
3. NAME OF DECEASED a. (First) ROSETTA b. (Middle) _____ c. (Last) BROWN		4. DATE OF DEATH (Month) 11 (Day) 23 (Year) 50	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APR. 4, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	9. AGE (In years last birthday) 76
11. BIRTHPLACE (State or foreign country) RAY COUNTY, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME FRANKLIN BELLOWES		13b. MOTHER'S MAIDEN NAME MILLIE CATES	
14. NAME OF HUSBAND OR WIFE THOMAS BROWN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME MRS. KENEZ PRESSLEY ADDRESS 752 WYANDOTT	
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) Arterio Sclerotic Heart Disease 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Post Refused	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Richard A. Owens Coroner (Degree or title) _____		23b. ADDRESS 1034 Rivault Bldg	
23c. DATE SIGNED 11-24-50		24. LOCATION (City, town, or county) (State) SANTE FE - Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-25-50	
24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. 11/25/50		REGISTRAR'S SIGNATURE Dr. Annie L. Hedges ADDRESS 196 FRANCES WORNALL - 7406 WORNALL	
25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____			

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

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Russell N. Fran*

Licensed Embalmer No. *4255*

P. O. Address *K.C. 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.