

FILED DEC 11 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38037**

40

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

BIRTH NO.		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 5769		Registrar's No. 156			
1. PLACE OF DEATH a. COUNTY Rusk Park Campbell Twp.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri d. COUNTY Park					
b. CITY (If outside corporate limits, write RURAL and give township) Dunnegan		c. LENGTH OF STAY (In this place) 53 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Dunnegan Campbell Twp		0870			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 Mile S.E. of Dunnegan				d. STREET ADDRESS (If rural, give location) 1 Mile S.E. of Dunnegan					
3. NAME OF DECEASED a. (First) Anna Marie (Type or Print)			b. (Middle) Amelia			c. (Last) Brown			
4. DATE OF DEATH Nov 26 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH Nov 13 1863		9. AGE (In years; last birthday) 87		IF UNDER 1 YEAR Months 0 Days 13		IF UNDER 24 HRS. Hours 13 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (State or foreign country) Leeds New York		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John Galt		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE James M. Brown					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tom Ballard Dunnegan Mo					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignancy of Kidneys (Carcinoma)				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				180X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Heart Failure (Myocarditis)									
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 July 13, 1950 , to Nov 26, 1950 , that I last saw the deceased alive on Nov 25, 1950 , and that death occurred at 3:50 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) R. S. Saunders, D.O.				23b. ADDRESS Fair Play Soc.				23c. DATE SIGNED Nov. 27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 28 1950		24c. NAME OF CEMETERY OR CREMATORY Dunnegan Cemetery		24d. LOCATION (City, town, or county) (State) Dunnegan Mo			
DATE REC'D BY LOCAL REG. Nov 28, 1950		REGISTRAR'S SIGNATURE Ralph Galt		25. FUNERAL DIRECTOR'S SIGNATURE Blue Jenkins		ADDRESS Dunnegan Mo			

DIVISION OF HEALTH OF MO. "
District No. 5 - Springfield

RECEIVED DEC 6 1950

Dist. File 1250-2453

Date Filed 12-8-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

William B. Erwin

Signed.....
Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Baltimore, Md

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.