

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

732
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FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anderson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sale Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Silas</u> b. (Middle) <u>C.</u> c. (Last) <u>Brower</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 12, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 21, 1882</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kewanna, Indiana</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Aaron Brower</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown Paxton</u>	14. NAME OF HUSBAND OR WIFE <u>Ora Brower</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ora Brower</u>	ADDRESS <u>Anderson, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>few hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Thrombosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Strangulated Hernia Left Inguinal.</u> DUE TO (c) <u>Trauma and length of time of strangulation 24 hrs.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>5601</u>

19a. DATE OF OPERATION <u>12-11-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Strangulated left Inguinal Hernia</u>	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) m.	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 12-11, 1950, to 12-12, 1950, that I last saw the deceased alive on 12-12, 1950, and that death occurred at 12:05 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Melvin C. Bowman M.D.</u>	23b. ADDRESS <u>Neosho Mo</u>	23c. DATE SIGNED <u>12-14-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-14-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anderson</u>
24d. LOCATION (City, town, or county) (State) <u>Anderson, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>Dec. 14, 1950</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	223	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orley Thompson</u>	ADDRESS <u>Neosho Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

19
RECEIVED

District Health Officer No. Norton Co. Health
District File Number 1250-275 Dept.
Date Filed 12/20/50

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 _____

Carley Thompson Jr. Student Embalmer No. 384
working under my personal supervision

Student Carley Thompson Jr.
Student Embalmer

Signed Carley Thompson Sr.

Licensed Embalmer No. 3259

P. O. Address Neosho 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.