

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 172
Registrar's No. 7

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 4051

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) Hallsville		c. CITY (If outside corporate limits, write RURAL and give township) Hallsville	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) SARAH	b. (Middle) JANE	c. (Last) BROWN	4. DATE OF DEATH (Month) (Day) (Year) Jan. 6, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 3, 1871	9. AGE (In years last birthday) 79	# UNDER 1 YEAR 3	YEAR 3	# UNDER 1 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boone County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Henry Arthur Gibbins	13b. MOTHER'S MAIDEN NAME Eliza Ann Curry	14. NAME OF HUSBAND OR WIFE John K. Brown
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lucille Brown, Hallsville, Mo.	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Carcinoma - Colon</i>		<i>390</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Was operated 4 yrs ago</i> DUE TO (c) <i>Artificial acids</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>153 X</i>

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)
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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?
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22. I hereby certify that I attended the deceased from *Jan 7* 1951, to *Jan 6* 1951, that I last saw the deceased alive on *Jan 5*, 1951, and that death occurred at *2:15 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Dr. M. C. ...</i>	(Degree or title)	23b. ADDRESS <i>Sturgis Mo</i>	23c. DATE SIGNED <i>1/7-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 8, 1951	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery	24d. LOCATION (City, town, or county) (State) Boone County, Mo.
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DATE REC'D BY LOCAL REG. Jan. 10 1951	REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	31	25. FUNERAL DIRECTOR'S SIGNATURE Parson Funeral Service, Columbia, Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-18-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-15-51

MAY 1 1951

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 Tom McHarg

Signed _____
Student Embalmer

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.