

FILED MAR 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5395

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY OR TOWN <u>Charleston</u>		c. CITY OR TOWN <u>Charleston</u>	
c. LENGTH OF STAY (In this place) <u>all of life</u>		d. STREET ADDRESS (If rural, give location) <u>511 South Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>511 South Main</u>		e. CITY OR TOWN <u>Charleston</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mayme</u> b. (Middle) <u>McElmurry</u> c. (Last) <u>Brown</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2/24/1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10/20/1876</u>	9. AGE (In years, last birthday) <u>74</u>	10. MONTHS <u>1</u>	11. DAYS <u>1</u>	12. HOURS <u>1</u>	13. MINUTES <u>1</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Yard Owner</u>	11. BIRTHPLACE (State or foreign country) <u>Mississippi County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Tom McElmurry</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Maybee</u>	14. NAME OF HUSBAND OR WIFE <u>H. Morton Brown (dec'd)</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>Mrs Annie Ostner, 511 S. Main, Charleston, Mo</u>	18. ADDRESS <u>511 S. Main, Charleston, Mo</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>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ac. Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>several years</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		42:10	

19a. DATE OF OPERATION <u>7</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	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) (Min) <u>2:24</u>	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 May, 1876, to 2/24, 1951, that I last saw the deceased alive on 2/24, 1951, and that death occurred at 11P m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Charles Kolwing</u> (Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Charleston, Mo</u>	23c. DATE SIGNED <u>2/26/1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/26/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 3-1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Leta Kilgore</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John E. Hummel</u> ADDRESS <u>THE NOBLESSE FUNERAL CHAPEL, Charleston, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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0672

MAR 9 REC'D

Miss. Co. Health Dep  
County File No. \_\_\_\_\_  
Date Filed MAR 12 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John F. Fennell Jr

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.

Richard F. Fennell