

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9353

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4329 Registrar's No. 22

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| 1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyatt</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyatt</u> | |
| c. LENGTH OF STAY (In this place) <u>25 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>P. O. Box 746</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P. O. Box 746</u> | | | |

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|------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Fonzie (Fonzy)</u> b. (Middle) _____ c. (Last) <u>Brown</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 19, 1951</u> | | |
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| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Oct. 14, 1875</u> | | 9. AGE (In years last birthday) Months Days Hours Min. <u>-75-83 5 5</u> | |
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| 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 <u>Farming</u> | | 11. BIRTHPLACE (State or foreign country) <u>Texas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
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|-----------------------------------|--|------------------------------------------|--|----------------------------------------------|--|
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ada Brown</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. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ada Brown, P.O. Box 746, Wyatt, 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 fracture, asthma, etc. It means the disease, injury, or complication which caused death. | | <p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | 443X | |

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| 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) 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 3/5/51, 1951, to 3/19/51, 1951, that I last saw the deceased alive on 3/19/51, 1951, and that death occurred at 9:50 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>D. P. Fenton D.O. V</u> | | 23b. ADDRESS <u>Wyatt Mo</u> | | 23c. DATE SIGNED <u>3/19/51</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>March 21, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u> | |
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| DATE REC'D BY LOCAL REG. <u>March 21-51</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Let Kilgore</u> | | 539 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. J. Sparks Charleston, Mo.</u> | |
|---------------------------------------------|--|-----------------------------------------------|--|-----|--|------------------------------------------------------------------------------|--|

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

67.0

MAR 23 REC'D

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed MAR 24 1951

APR 5 1951

MAR 28 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.....
Student Embalmer

Signed Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

9353-51

State of Missouri
County of Cape Girardeau ^{SS.}

State File No. _____
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 30th day of March, 1951, ~~1950~~, before me appears _____

Ada Brown, who, upon her oath, states that the original record of ~~her~~ death
for Fonzie (Fonzy) Brown died March 19, 1951, in the State of
Missouri, and which was filed at Charleston on Mar. 20, 1951, should be corrected as follows:

Item No. 8 should read Oct. 14, 1867

Instead of Oct. 14, 1875

Item No. 9 should read 83

Instead of 75

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ada Brown Wife
Ada Brown Relationship.

Wyatt, Missouri
Present Address.

Subscribed and sworn to before me this 30th day of March, 1951, 194

My Commission expires My Commission Expires June 19, 1953 J. H. Metzler Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1951
S-9353