

FILED APR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 17121

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BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Edina</u>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Edina</u> <u>1520</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Eva</u>		b. (Middle) <u>Lee</u>	
c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April - 10 - 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>July - 24 - 1876</u>
9. AGE (In years last birthday) <u>74</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Homekeeper</u>	
11. BIRTHPLACE (State or foreign country) <u>Edina, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Burke</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Virginia Jarvis</u>	
14. NAME OF HUSBAND OR WIFE <u>Tom B. Brown</u>		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 AND NAME <u>Tom B. Brown</u>	
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.		19. ADDRESS <u>Edina, Missouri.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Intestines</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Don't Know</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diverticulitis</u>			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>CAO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Edina, Knox, Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>April 20, 1941</u> , to <u>April 10, 1951</u> ; that I last saw the deceased alive on <u>April 10, 1951</u> , and that death occurred at <u>2. a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F. G. Luman M.D.</u>		23b. ADDRESS <u>Edina 940</u>	
23c. DATE SIGNED <u>April 11/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial A</u>	24b. DATE <u>April-12-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linville,</u>	24d. LOCATION (City, town, or county) (State) <u>Edina, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>April 12-1951</u>	REGISTRAR'S SIGNATURE <u>Neil S. Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Keith Hudson Edina Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: APR 16 1951
DISTRICT HEALTH OFFICE #2
District File Number #51-7
Date Filed: APR 16 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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina Minn

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.