

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20017

State File No.

FILED JUN 18 1951

BIRTH NO.		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>		c. LENGTH OF STAY (In this place) <u>1 Wk.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		<u>1940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ironton Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Elvins Route #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fannie</u>		b. (Middle)		c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 21 1951</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 19, 1877</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>2</u>		IF UNDER 12 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Washington County, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>care of home</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>			
13a. FATHER'S NAME <u>Adolphus Randolph</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Shelton</u>		14. NAME OF HUSBAND OR WIFE <u>Alex 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 OR NAME ADDRESS <u>Alex Brown Elvins Route #1, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>terminal bilateral bronchial pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>cerebral hemorrhage</u> DUE TO (c) <u>hypertension</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>6 days</u> <u>?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<u>331 X</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 <u>5-17-51</u> , 19 <u>51</u> , to <u>5-21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-21-51</u> , 19 <u>51</u> , and that death occurred at <u>4:00 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. E. Jarland</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Ironton, Mo.</u>		23c. DATE SIGNED <u>5-22-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/22/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellow's</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francois, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 12, 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ann Jones</u>		128		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Z. Boyer + Son Desloge, Mo</u> (Licensed Embalmer's Statement on Reverse Side)	

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

0470

RECEIVED

JUN 15 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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

C. J. Boyer

.....
Licensed Embalmer No. *1671*

P. O. Address *Desloge, 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.