

FILED JUL 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23374

State File No. _____
Registrar's No. 325

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BIRTH NO. _____		REG. DIST. NO. 136		PRIMARY REG. DIST. NO. 2001		State File No. _____		Registrar's No. 325					
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri									
b. CITY (If outside corporate limits, write RURAL and give township) Joplin				c. CITY (If outside corporate limits, write RURAL and give township) Joplin									
c. LENGTH OF STAY (in this place)				d. STREET ADDRESS (If rural, give location) 501 Mich									
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns				d. STREET ADDRESS (If rural, give location) 501 Mich									
3. NAME OF DECEASED (Type or Print) Amy			a. (First) Amy		b. (Middle) Equilla		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) July 10 1951				
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) never married		8. DATE OF BIRTH July 22, 1943		9. AGE (In years or last birthday) 7		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Glaster, La.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Steve Brown				13b. MOTHER'S MAIDEN NAME Ethel Sabbath				14. NAME OF HUSBAND OR WIFE					
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 ADDRESS: Steve Brown 501 Mich, Joplin, Mo.							
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Repeated epistaxis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anemia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 5 yrs.	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				293X					
22. I hereby certify that I attended the deceased from July 5, 1951, to July 10, 1951, that I last saw the deceased alive on July 10, 1951, and that death occurred at 1:30P m., from the causes and on the date stated above.													
23a. SIGNATURE Robert E. Abraham M.D.						23b. ADDRESS 215 Frisco Bldg, Joplin			23c. DATE SIGNED July 12, 1951				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-12-51		24c. NAME OF CEMETERY OR CREMATORY Parkway Cemetery				24d. LOCATION (City, town, or county) (State) Joplin, Missouri					
DATE REC'D BY LOCAL REG. 7-13-51		REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Parker Mortuary, Joplin, Mo.							

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

RECEIVED 7-16-51
Jasper County Health Office

County File Number 51/7/565

Date Filed 7-16-51

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Japlin Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.