

The Division of Health of Missouri
STANDARD CERTIFICATE OF DEATH

File No. **23934**
Registrar's No. **77**

FILED AUG 10 1951

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049**

1. PLACE OF DEATH a. COUNTY Geniscot b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Geniscot c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti 0781 d. STREET ADDRESS (If rural, give location) 304 N. Frisco Ave	
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3. NAME OF DECEASED (Type or Print) Fannie Brown a. (First) Fannie b. (Middle) Brown c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) July 26, 1951		
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH unk	9. AGE (In years) (If under 1 year, last month, days) (If under 24 hrs., Hours) (Min.) aff 12
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if unpaid) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) —	12. CITIZEN OF WHAT COUNTRY? 9 USA
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13a. FATHER'S NAME —	13b. MOTHER'S MAIDEN NAME —	14. NAME OF HUSBAND OR WIFE none
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Shaver D. Nelson Hayti, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Cardiac Disease ANTECEDENT CAUSES Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERNAL BETWEEN ONSET AND DEATH 3 yrs 3 yrs -
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 —	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) Hayti, Mo
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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? 443X
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22. I hereby certify that I attended the deceased from June 1944 to July 1951, that I last saw the deceased alive on July 16, 1951, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.P. Limbaugh, M.D.	23b. ADDRESS Hayti, Mo	23c. DATE SIGNED 8/2/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-9-51	24c. NAME OF CEMETERY OR CREMATORY East Woodlawn Cem	24d. LOCATION (City, town, or county) (State) Hayti, Mo
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DATE REC'D BY LOCAL REG. 8-8-51	REGISTRAR'S SIGNATURE John W. German 406	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Valhalla Funeral Home Hayti, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

781

8-51-192

Rec. AUG - 9 1951

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 W German

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.