S. No. 300
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FILED JUL 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24081

BIRTH NO. _____ REG.-DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 167

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly,
c. LENGTH OF STAY (in this place): 35 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~none~~ 969 So. Williams St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: missouri
b. COUNTY: Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Holliday, 0690
d. STREET ADDRESS (If rural, give location): --------- 1

3. NAME OF DECEASED (Type or Print)
a. (First): Joel
b. (Middle): Hayes
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): 7 12 1951

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: 6 11 1867
9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer, stock man & R R Employee
10b. KIND OF BUSINESS OR INDUSTRY: farming & Railroad
11. BIRTHPLACE (State or foreign country): Madison, Monroe Co Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George W. Brown
13b. MOTHER'S MAIDEN NAME: Nancy Davis
14. NAME OF HUSBAND OR WIFE: Minnie Belle Barker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: A63317
17. INFORMANT'S SIGNATURE OR NAME: Ray Tolyle Dslam 909 S Williams Moberly, Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: several wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio-sclerosis and senility — years

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: none
19b. MAJOR FINDINGS OF OPERATION: 4221
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 3, 19 50, *to* July 12, 19 51, *that I last saw the deceased alive on* July 6, 19 51, *and that death occurred at* 8:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. L. E. Hobe M.D. (Degree or title)
23b. ADDRESS: 400½ West Reed, Moberly, Mo
23c. DATE SIGNED: July 13/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 14, 1951
24c. NAME OF CEMETERY OR CREMATORY: Bethel Cemetery
24d. LOCATION (City, town, or county) (State): Holliday, Monroe Mo

DATE REC'D BY LOCAL REG.: July 14-51
REGISTRAR'S SIGNATURE: Leah Shellenberger
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Thompson Funeral Home

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 11 1951

Date Received: JUL 23 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-51-1312
Date Filed: JUL 23 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 ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Mrs. Fred G. Thompson

Licensed Embalmer No. 9282

P. O. Address Madison Wis

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.