

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27620**

FILED SEP 10 1951

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **282**

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1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
c. LENGTH OF STAY (In this place) 7/28/51		d. STREET ADDRESS (If rural, give location) 111 North 11th	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Fanny Bess b. (Middle) Brown c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) August 21, 1951		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 19, 1886		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 1 Days 2		IF UNDER 24 HRS. Hours 12 Min. 0	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY XX			11. BIRTHPLACE (State or foreign country) Monroe City Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME George Schofield			13b. MOTHER'S MAIDEN NAME Mollie Hickman			14. NAME OF HUSBAND OR WIFE Orville A. Brown		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Orville A. Brown		ADDRESS Hannibal Missouri	
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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) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Purpura Haemorrhagic						1 mo.	
		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 296 X						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)	
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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	
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22. I hereby certify that I attended the deceased from **July 28, 19 51** to **August 21, 19 51**, that I last saw the deceased alive on **August 21, 19 51**, and that death occurred at **5:15 pm.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD		23b. ADDRESS Hannibal, Missouri		23c. DATE SIGNED 8-25-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/27/51		24c. NAME OF CEMETERY OR CREMATORY Grandview Burial Park		24d. LOCATION (City, town, or county) (State) Hannibal Ralls Missouri	
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DATE REC'D BY LOCAL REG. 8-29-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Hannibal Missot	
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(Licensed Embalmer's Statement on Reverse Side)

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

transcribed

RECEIVED SEP 4 1951
MARION CO. HEALTH DEPT.
DATE FILED SEP 7 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.....

John S. Stand

Signed.....
Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Spannibal, 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.