

FILED OCT 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33379

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 88

0451

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

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) Fayette		c. CITY (If outside corporate limits, write RURAL and give township) Fayette	
c. LENGTH OF STAY (in this place) 3 wks		d. STREET ADDRESS (If rural, give location) S. Park Addition	
d. FULL NAME OF HOSPITAL OR INSTITUTION S. Park New Addition			

3. NAME OF DECEASED (Type or Print) Joe	a. (First)	b. (Middle) --	c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1951
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5. SEX Male	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH Oct. 10, 1964	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	IF UNDER 24 HRS. Hours 0	IF UNDER 24 HRS. Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Howard Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	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 Jackson Truitt Fayette, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation		
	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 None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fayette, Mo.
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? 447X

22. I hereby certify that I attended the deceased from Sept, 1951, to Oct, 1951, that I last saw the deceased alive on Oct 1, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. J. Lee Hoop, Fayette, Mo.	23b. ADDRESS Fayette, Mo.	23c. DATE SIGNED 10-16-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/15/51	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Fayette, Mo.
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DATE REC'D BY LOCAL REG. 10-16-51	REGISTRAR'S SIGNATURE Mary D. Shells	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Carr Fayette, Mo.
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RECEIVED OCT 24 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 24 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed Ralph A. Carr

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette 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.