

FILED DEC. 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. **42125**

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Odesa		c. CITY (If outside corporate limits, write RURAL and give township) Odesa	
c. LENGTH OF STAY (in this place) 40 yrs		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Harvey	b. (Middle) N.	c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1951
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH Sept. 17, 1859	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm. C. Brown	13b. MOTHER'S MAIDEN NAME Elizabeth Ann Bledsoe	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 Jas. Brown	ADDRESS Odesa, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Acute		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia, Hypertension DUE TO (c) Senility		
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 431X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 7/12, 1951, to 12/16, 1951, that I last saw the deceased alive on 12/15, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Emma Davidson</i>	(Degree or title)	23b. ADDRESS <i>Odessa Mo</i>	23c. DATE SIGNED <i>12/17/51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 19, 1951	24c. NAME OF CEMETERY OR CREMATORY Concord Cemetery	24d. LOCATION (City, town, or county) (State) Lafayette Co., Mo.
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DATE REC'D BY LOCAL REG. 12/17/51	REGISTRAR'S SIGNATURE <i>Emma Davidson</i>	453	25. FUNERAL DIRECTOR'S SIGNATURE <i>James Sparks</i>	ADDRESS Odessa, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 21 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 21 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 _____
Student Embalmer

Signed *William T. Spar*

Licensed Embalmer No. # 4431

P. O. Address *2 Jessy*

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

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