No. 300
10-48

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 42253

FILED DEC 26 1951

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5749 Registrar's No. 60

0620

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

**1. PLACE OF DEATH**
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL – POLK
c. LENGTH OF STAY (in this place): 73 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 3, Fredericktown, Mo.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL – POLK 0620
d. STREET ADDRESS (If rural, give location): Route 3, Fredericktown, Mo

**3. NAME OF DECEASED** (Type or Print): a. (First) LAURA b. (Middle) ANN c. (Last) BROWN

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 15, 1951

**5. SEX**: FEMALE
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Nov. 28, 1877
**9. AGE** (In years last birthday): 73 — 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): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: None
**11. BIRTHPLACE** (State or foreign country): Madison County Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Jesse Inman
**13b. MOTHER'S MAIDEN NAME**: Emmaline Vance
**14. NAME OF HUSBAND OR WIFE**: George W. Brown

**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.**: None
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: RALPH BROWN, Fredericktown, Mo.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): also Advanced Pulmonary Tuberculosis. 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**
**19b. MAJOR FINDINGS OF OPERATION**: 002X
**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* several years *to* 11-15, 1951, *that I last saw the deceased alive on* 11-15, 1951, *and that death occurred at* 7:00 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [signature] M.D.
**23b. ADDRESS**: 135 W Main Fredericktown
**23c. DATE SIGNED**: 12-13-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 11-18-51
**24c. NAME OF CEMETERY OR CREMATORY**: Sebastian Cemetery
**24d. LOCATION** (City, town, or county) (State): Madison County, Mo.

**DATE REC'D BY LOCAL REG.**: 12-18-51
**REGISTRAR'S SIGNATURE**: Florence Hicks 187
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Sam Nazim, Jr. Fredericktown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FREDERICKTOWN, MD.

RECEIVED

DEC 23 1951

FILE No. 1257-64

## 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 William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown Md.

**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.