

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4195

**FILED FEB 18 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	
c. LENGTH OF STAY (In this place) <u>2 months</u>		d. STREET ADDRESS (If rural, give location) <u>Southeast Missouri Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Missouri Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u>	b. (Middle) <u>TRENE</u>	c. (Last) <u>BROWN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 7, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 4, 1870</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>3</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Blair, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>James R. Candle</u>	13b. MOTHER'S MAIDEN NAME <u>IRENE McDONALD</u>	14. NAME OF HUSBAND OR WIFE <u>E. E. Brown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chester M. Brown</u> ADDRESS <u>New Orange, N. J.</u>
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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 <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, left ovary.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with eventual involvement of large bowel; entire pelvic viscera.</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u>Operation 1951 for relief of colonic obstruction due to carcinoma left ovary.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>175X</u>
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22. I hereby certify that I attended the deceased from April 11, 1951 to Feb 7, 1952 that I last saw the deceased alive on Feb 6, 1952, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles F. Wilson M.D.</u> (Degree or title)	23b. ADDRESS <u>714 Broadway Cape Girardeau Mo.</u>	23c. DATE SIGNED <u>2-8-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 9, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sparta, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>2-11-52</u>	REGISTRAR'S SIGNATURE <u>T. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter's Funeral Home Cape Gir.</u> ADDRESS <u></u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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

*Virgil W. Kelch*

Licensed Embalmer No. *4102*

P. O. Address

*Cape Girardeau, 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.