

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9475

State File No. _____

S. No. 300
v. 10.48

FILED MAR 24 1952

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3056 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Gen.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly MO.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>533 Winchester</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>312 Wightman</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WALKER</u> b. (Middle) <u>NATHAN</u> c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 14 1952</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>COL</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>yes</u>	
8. DATE OF BIRTH <u>1891 (?)</u>		9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SANITARY</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MO</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>US</u>	

13a. FATHER'S NAME <u>John Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Nathan</u>		14. NAME OF HUSBAND OR WIFE <u>Allene</u>	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Allene Brown 533 Winchester St.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>M. yearenditis.</u> ANTECEDENT CAUSES <u>Asthma</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Ines. (adequately treated)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222 B</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April, 1950, to March 1952, that I last saw the deceased alive on Mar 13, 1952, and that death occurred at 11 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Willie Lewis, M.D.</u>		23b. ADDRESS <u>17 Woburn, No.</u>		23c. DATE SIGNED <u>Mar 17 52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 17 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	
24d. LOCATION (City, town, or county) (State) <u>Moberly MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. L. Carr</u>		ADDRESS <u>41</u>	
DATE REC'D BY LOCAL REG. <u>Mar 17 52</u>		REGISTRAR'S SIGNATURE <u>Sead B. Lewis</u>		REG. DIST. NO. <u>224</u>	

(Licensed Embelmer's Statement on Reverse Side)

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

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AUG 30 1934

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 _____

Robert L. Carr

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Robert L. Carr

Licensed Embalmer No. 3190

P. O. Address 412 N. Fifth St.

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.