S. No. 300
ev. 10.48

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

FILED MAY 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17195

State File No.

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 579 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Tenmile
c. LENGTH OF STAY (In this place) Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6½ Mi. NE of Macon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Tenmile 0610
d. STREET ADDRESS (If rural, give location) 6½ Mi. NE of Macon

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) B.
c. (Last) Brown

4. DATE OF DEATH (Month) Apr. (Day) 29, (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec. 2, 1866
9. AGE (In years last birthday) 85 | 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming
11. BIRTHPLACE (City and State or Foreign Country) Macon Co., Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George W. Brown
13b. MOTHER'S MAIDEN NAME Allie Mathews
14. NAME OF HUSBAND OR WIFE Lilly T. 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 Bryan Brown **ADDRESS** R.F.D. Macon, 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) Myocarditis chronic — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — 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 none
19b. MAJOR FINDINGS OF OPERATION 4221
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* Dec 1951, *to* April 29, 1952, *that I last saw the deceased alive on* 29 April, 1952, *and that death occurred at* 4:35a *m., from the causes and on the date stated above.*

23a. SIGNATURE Donald E Egglestun (Degree or title) M.D.
23b. ADDRESS Macon, Mo
23c. DATE SIGNED 2 May 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/1/52
24c. NAME OF CEMETERY OR CREMATORY Ewing Ceme.
24d. LOCATION (City, town, or county) Macon Co., Mo. (State)

DATE REC'D BY LOCAL REG. 5/5/52
REGISTRAR'S SIGNATURE Ruth McNeely
25. FUNERAL DIRECTOR'S SIGNATURE Albert Skinner **ADDRESS** Macon Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 5.9.52
MACON COUNTY HEALTH DEPARTMENT
County File No. 5.52.90
Date Filed 5.9.52

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 Thos. L. Bell

Licensed Embalmer No. 4552

P. O. Address Macon, 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.