S. No. 300
v. 10.48

FILED SEP 22 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31238

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 144

0362

1. PLACE OF DEATH

a. COUNTY ~~Gasconade~~ FRANKLIN

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington

c. LENGTH OF STAY (In this place) 5 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY Crawford

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cuba "Rural" Oakhill 0280

d. STREET ADDRESS (If rural, give location) R.R. # 2

3. NAME OF DECEASED (Type or Print)

a. (First) Martin

b. (Middle) Luther

c. (Last) Brown

4. DATE OF DEATH (Month) 9 (Day) 16 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct 20, 1893

9. AGE (In years last birthday) 58 — If under 1 year: Months 10, Days 16 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

10b. KIND OF BUSINESS OR INDUSTRY Herman Body Co

11. BIRTHPLACE (State or foreign country) Cape Girardeau - Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jim Brown

13b. MOTHER'S MAIDEN NAME Addie Isabelle

14. NAME OF ~~HUSBAND OR~~ WIFE Lily Ana Reves

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. 494-10-0425

17. INFORMANT'S SIGNATURE OR NAME Mrs Lily Brown — ADDRESS Rt #2 Cuba, 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) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Compound Fracture of Rt Femur — 4 days

DUE TO (c) automobile accident — 4 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hway 100 + 66

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Franklin (STATE) Mo.

21d. TIME OF INJURY (Month) Sept (Day) 12 (Year) 1952 (Hour) 5:15 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Collision of automobiles

22. *I hereby certify that I attended the deceased from* Sept 12, 1952, *to* Sept 16, 1952, *that I last saw the deceased alive on* Sept 16, 1952, *and that death occurred at* 4:15 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD

23b. ADDRESS mid 1 Elm Washington Mo

23c. DATE SIGNED 9-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-19-1952

24c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery

24d. LOCATION (City, town, or county) Baumbach (State) Mo

DATE REC'D BY LOCAL REG. Sept. 20, 1952

REGISTRAR'S SIGNATURE [signature] 49-C

25. FUNERAL DIRECTOR'S SIGNATURE Norman C. Hoener — ADDRESS Cuba, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed Norman C. Haenor

Signed.....
Student Embalmer

Licensed Embalmer No. 46 73

P. O. Address Cuba, Missouri

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.