

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

34409

FILED OCT 28 1952

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 4574 Registrar's No. 57

## 1. PLACE OF DEATH

a. COUNTY

Cape Gir

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

Oak Ridge

c. LENGTH OF STAY (In this place) (If rural, give township)

73 yrs.

3. NAME OF DECEASED

(Type or Print)

a. (First)

John

b. (Middle)

Louis

c. (Last)

Brown

4. DATE OF DEATH

(Month) (Day) (Year)

Oct 17 1952

5. SEX

M.

6. COLOR OR RACE

W.

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

MARRIED

8. DATE OF BIRTH

July 24 1879

9. AGE (In years last birthday)

73

10. UNDER 1 YEAR 11. UNDER 12 MRS. Hours Min.

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

Mechanic

10b. KIND OF BUSINESS OR INDUSTRY

Garage

11. BIRTHPLACE (State or foreign country)

Millersville 0

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

John Brown

13b. MOTHER'S MAIDEN NAME

ELIZA JAMES

14. NAME OF HUSBAND OR WIFE

Minnie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Minnie Brown Oak Ridge, Mo.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

MEDICAL CERTIFICATION

Chronic myocarditis

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b)

Arteriosclerosis & Rheumatism

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

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)

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 1951, to Oct 17, 1952, that I last saw the deceased alive on Oct 17, 1952, and that death occurred at 2-14 P. m., from the causes and on the date stated above.

23a. SIGNATURE

R. D. Blaylock, M.D.

23b. ADDRESS

Oak Ridge, Mo.

23c. DATE SIGNED

10-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

Oct 1952

24c. NAME OF CEMETERY OR CREMATORY

Oak Ridge

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

Oak Ridge, Mo.

DATE RECD BY LOCAL REG.

REGISTRAR'S SIGNATURE

D. J. Suber 43

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

She. L. L. Jackson, Inc.

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Gene C. Crawford*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4327*

P. O. Address *Asheboro, 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.