

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35523

State File No.

0530

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

FIL NO OCT 29 1952

| | | | | | | | | |
|---|---------------------------|---|--|---|---|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>170</u> | | PRIMARY REG. DIST. NO. <u>5630</u> | | Registrar's No. <u>151</u> | | |
| 1. PLACE OF DEATH: a. COUNTY <u>Laclede</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission): a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lebanon T. 5.</u> | | | c. LENGTH OF STAY (If in place) <u>20 Hrs.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> | | | <u>0532</u> <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lebanon Rt. 1</u> | | | | d. STREET ADDRESS (If rural, give location) <u>506 Taylor</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertram</u> | | | b. (Middle) _____ | | c. (Last) <u>Brown</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18 1952</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>July 30 1919</u> | | 9. AGE (In years last birthday) <u>33</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Bull Dozer Driver</u> | | 11. BIRTHPLACE (State or foreign country) <u>Dallas Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Walter Brown</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Ollie Coatsney</u> | | 14. NAME OF HUSBAND OR WIFE <u>Margaret Nadine Brown</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. 2</u> | | | 16. SOCIAL SECURITY NO. <u>500-01-3717</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bertram Brown Lebanon Mo.</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4-4-3 X</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.) <u>Farm</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Laclede county Mo.</u> | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Richard L. Palmer Esq.</u> | | | | 23b. ADDRESS <u>Lebanon Mo</u> | | 23c. DATE SIGNED <u>10-20-52</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10/21/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u> | | 24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>10-20-1952</u> | | REGISTRAR'S SIGNATURE <u>Hella L. May</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer</u> | | ADDRESS <u>Lebanon Mo</u> | | |

OCT 25 1952

Received

Laclede County Health Unit

File No. 10-52-~~58~~ 141

Date Filed OCT 27 1952

OCT 31 1952

NOV 5 1952

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 S. R. Pulson

Signed.....
Student Embalmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.