

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 107

540

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>	
c. LENGTH OF STAY (in this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>3 blackwell of main street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marcellus</u> b. (Middle) _____ c. (Last) <u>Brown</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 25 1952</u>
-------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct 20 1885</u>	9. AGE (In years last birthday) Months Days Hours Mins. <u>67 4 5</u>
--------------------	-------------------------------	----------------------------------------------------------------------	-------------------------------------	-----------------------------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Common labor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
------------------------------------------------------------------------------------------------------------	-------------------------------------------------------	--------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <u>David Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Huberson</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
---------------------------------------	-------------------------------------------	-----------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>492-14-4290</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Della Dutton, K.C. Mo.</u>	ADDRESS _____
-----------------------------------------------------------------------------	--------------------------------------------	---------------------------------------------------------------------	---------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypostatic Pneumonia</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331X</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) _____	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 Sept 11, 1952, to Sept 25, 1952, that I last saw the deceased alive on Sept 25, 1952, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wilton E. Frickerson, M.D.</u>	23b. ADDRESS <u>Higginsville Mo</u>	23c. DATE SIGNED <u>11/2/52</u>
--------------------------------------------------------------------	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/2/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Morner</u>	24d. LOCATION (City, town, or county) (State) <u>Higginsville Mo</u>
---------------------------------------------------------	--------------------------	------------------------------------------------------	----------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>11/25/52</u>	REGISTRAR'S SIGNATURE <u>Wm. E. Eustalick</u>	GENERAL DIRECTOR'S SIGNATURE <u>Geo. Brown</u>	ADDRESS <u>Memphis Mo</u>
------------------------------------------	-----------------------------------------------	------------------------------------------------	---------------------------

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

George A. Green

Licensed Embalmer No. 4270

P. O. Address Barrett, 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.