X
No. 350
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41241

State File No.

FILED NOV 21 1952

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 212

0030

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

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place): 10 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Delta Comm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Gallatin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ridgeway 8129
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print): a. (First) Rhea; b. (Middle) Rebecca; c. (Last) Brown

4. DATE OF DEATH: (Month) (Day) (Year) 11-10-1952

5. SEX: Female

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: 2-9-1904

9. AGE (In years last birthday): 48 — If under 1 year: Months 9; Days; If under 1 hr.: Hours; Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Doctor's Office

11. BIRTHPLACE (State or foreign country): Ridgeway, Illinois

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

13a. FATHER'S NAME: Frank Awalt

13b. MOTHER'S MAIDEN NAME: Maude Bruce

14. NAME OF HUSBAND OR WIFE: Jesse Brown, Dec.

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.:

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Euna Ellis, Daughter, Shawneetown, Ill.

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): Basilar Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: 9 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
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:
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.): So. 60 Hwy.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): New Madrid Co. Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11 9 52 6 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto accident.

22. *I hereby certify that I attended the deceased from* Nov 9, 1952, *to* Nov 10, 1952, *that I last saw the deceased alive on* Nov 10, 1952, *and that death occurred at* 3:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wilma J. Rogers, M.D. (Degree or title)
23b. ADDRESS: Sikeston, Mo.
23c. DATE SIGNED: Nov 10, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 11-10-52
24c. NAME OF CEMETERY OR CREMATORY: RIDGEWAY CITY
24d. LOCATION (City, town, or county) (State): RIDGEWAY ILL

DATE REC'D BY LOCAL REG.: 11-12-52
REGISTRAR'S SIGNATURE: Mrs. Ella Hunter 429
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Welch Funeral Home - Sikeston Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 17 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 1152-316

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 Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Ackerman Ms

Signed.....
Student Embalmer

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.