

FILED JAN 12 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44249**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **338** PRIMARY REG. DIST. NO. **4506** Registrar's No. **59**

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

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Essex</b>		c. LENGTH OF STAY (in this place) <b>life</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Essex</b>		d. STREET ADDRESS (If rural, give location) <b>1030</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>		b. (Middle) <b>Robert</b>	
c. (Last) <b>Brown</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 30, 1952</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 9, 1871</b>
9. AGE (In years last birthday) <b>81</b>		10. UNDER 1 YEAR (Months) (Days)	11. UNDER 24 HRS. (Hours) (Mins.)
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Bloomfield, Mo. R. 2</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jacob Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Stevens</b>	
14. NAME OF HUSBAND OR WIFE <b>Helen Brown</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Helen Brown</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. SOCIAL SECURITY NO. ADDRESS <b>Essex, Mo.</b>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Regurgitation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2-452</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		b) <b>to</b>	
2. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		c) <b>Dec 30-52</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>410X</b>	
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) (Min.)		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 <b>Oct 9th, 1952, to Dec 30, 1952</b> , that I last saw the deceased alive on <b>Dec 30, 1952</b> , and that death occurred at <b>10 A.M.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>J. P. Beardon M.D.</b>		23b. ADDRESS <b>Essex, Mo.</b>	
23c. DATE SIGNED <b>1-3-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>1-2-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Valley</b>	
24d. LOCATION (City, town, or county) (State) <b>Bloomfield, Mo. R. 2</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rose Wehler</b>	
DATE REC'D BY LOCAL REG. <b>Jan. 9-1953</b>		ADDRESS <b>Watkins Funeral Ser. Dexter, Mo.</b>	

**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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.