

FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39789  
State File No. 54

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Portageville</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Portageville 0721</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>George</i>	b. (Middle) <i>Stanley</i>	c. (Last) <i>Brown</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 4, 1953</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>May 20, 1898</i>	9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 mos.: Days) (Hours) (Mins.) <i>55 6 14</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Short Order Cook</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Portageville, Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Louis Brown</i>	13b. MOTHER'S MAIDEN NAME <i>Ada Mae Dennis</i>	14. NAME OF HUSBAND OR WIFE <i>Helia Mae Brown</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Mary Phillip - Portageville</i>	ADDRESS <i>Mo</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Suicide, shot himself</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>with 38 pistol right temporal</i> DUE TO (c) <i>Coming out left side of head</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>head</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>E976X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *10*, 19*53*, to *10*, 19*53*, that I last saw the deceased alive on *10*, 19*53*, and that death occurred at *10* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Les Adolphus Carver</i>	(Degree or title) <i>Coroner</i>	23b. ADDRESS <i>New Madrid Mo</i>	23c. DATE SIGNED <i>Dec 4-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>12-6-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Maplewood Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Caruthersville, Mo</i>
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DATE REC'D BY LOCAL REG. <i>12-5-53</i>	REGISTRAR'S SIGNATURE <i>Ellen DeLisle</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>DeLote Funeral Parlor</i>	ADDRESS <i>Portageville Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

0121

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

*Leo A. Sympeth*

Licensed Embalmer No. 3803

P. O. Address New Market, Md.

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.