

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43924**
Registrar's No. **153**

FILED DEC 17 1953

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **5972**

0840

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

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flemington		c. LENGTH OF STAY (in this place) 43 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flemington	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Ervin c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) 12-4-53	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-3-83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY -	9. AGE (in years last birthday) 70
11. BIRTHPLACE (State or foreign country) Weaubleau, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Francis Brown		13b. MOTHER'S MAIDEN NAME Nancy Morris	14. NAME OF HUSBAND OR WIFE Ida Mae Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) -		16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ida Mae Brown Flemington, Mo.
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) Coronary artery thrombosis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 0 DUE TO (c) 0 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on 12-3 , 19 53 , and that death occurred at 11:45a m., from the causes and on the date stated above.			
23a. SIGNATURE A. H. Robinson (Degree or title) M.D.		23b. ADDRESS Humansville, Mo.	23c. DATE SIGNED 12/7/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-8-53	24c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery	24d. LOCATION (City, town, or county) (State) Humansville, Missouri
DATE REC'D BY LOCAL REG. 12/9/53	REGISTRAR'S SIGNATURE Malph Gordon	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beckwith Funeral Home, Humansville	

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 O. H. Beckwith.....

Licensed Embalmer No. 3937.....

P. O. Address Humansville, 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.