

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JAN 18 1954

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>18</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (In this place) <u>2 das.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mound City</u> | | <u>0440</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Methodist Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>State Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u> | | b. (Middle) <u>Jane</u> | | c. (Last) <u>Brown</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 7, 1954</u> | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>June 27, 1878</u> | |
| 9. AGE (In years last birthday) <u>75</u> | | IF UNDER 1 YEAR Months _____ | | IF UNDER 24 HRS. Hours _____ | | IF UNDER 24 HRS. Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>In the home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Holt County, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Wayne Gillis</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ruth Minton</u> | | 14. NAME OF HUSBAND OR WIFE <u>William L. Brown</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Homer Powell Maitland, Mo.</u> | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Hypertensive vascular disease years</u> 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. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> <u>stroke</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4-4-3X</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 <u>1-5</u> , 19 <u>54</u> , to <u>1-7</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1-7</u> , 19 <u>54</u> , and that death occurred at <u>5:10 Pm.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Lucien W. J. de M.D.</u> | | (Degree or title) | | 23b. ADDRESS <u>902 Edward St. Joseph, Mo.</u> | | 23c. DATE SIGNED <u>1-9-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1/10/54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan 12, 1954</u> | | REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Crawford</u> | | ADDRESS <u>Mound City, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

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 James H Crawford
Licensed Embalmer No. 4796

P. O. Address Mound City, 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.