

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

759

State File No.

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 4173 Registrar's No. 6

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

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava	d. STREET ADDRESS (If rural, give location) 0340
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Altha	b. (Middle) Jane	c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) 1-31-54
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-8-90	9. AGE (In years last birthday) 63	# UNDER 1 YEAR Months	# UNDER 2 HRS. Hours	# UNDER 2 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Winslow, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Woolman	13b. MOTHER'S MAIDEN NAME Mary Johnson	14. NAME OF HUSBAND OR WIFE Fred Brown
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lester P. Brown, Port Byron, Ill.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 7.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis of Arteries</u>		
	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. <u>Secondary Anemia</u>		151 X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Metastasis to Lung</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>M.C. Gentry</u>	(Degree or title) M.D.	23b. ADDRESS <u>Ava, Mo</u>	23c. DATE SIGNED 1-31-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-4-54	24c. NAME OF CEMETERY OR CREMATORY Yates	24d. LOCATION (City, town, or county) (State) Evans, Missouri
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DATE REC'D BY LOCAL REG. 2-8-54	REGISTRAR'S SIGNATURE <u>Vestal Bushman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Linkingbeard</u>	ADDRESS Funeral Home, Ava, Mo.
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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 Charles A. Roof

Licensed Embalmer No. 3044

P. O. Address Ana 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.