

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 4397

2290

BIRTH NO. 1150 FEB 16 1954 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4154 Registrar's No. 54-14

| | | | |
|--|------------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Dade</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Greenfield</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Greenfield Mo</u> | |
| c. LENGTH OF STAY (in this place) <u>yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>home</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ferry</u> b. (Middle) <u>Sylvia</u> c. (Last) <u>Brown</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3 1954</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Mar 22 1870</u> |
| 9. AGE (In years last birthday) <u>83</u> | | IF UNDER 1 YEAR Months <u>10</u> Days <u>11</u> | IF UNDER 2 HRS. Hours <u>11</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>house wife</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Dade Co Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>usa</u> | |
| 13a. FATHER'S NAME <u>Emanuel Dicus</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ellen Dicus</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Pinkie Brown</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Rebecca Dicus Greenfield 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, asthma, 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> INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 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 <u>331X</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>1-21-</u> , 19 <u>54</u> , to <u>2-3-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2-3-</u> , 19 <u>54</u> , and that death occurred at <u>7:25p m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Max Heilmann M.D.</u> | | 23b. ADDRESS <u>Lockwood</u> | |
| 23c. DATE SIGNED <u>2-5-54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 7, 1954</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield</u> | | 24d. LOCATION (City, town, or county) (State) <u>Greenfield Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>2-8-54</u> | | REGISTRAR'S SIGNATURE <u>J. C. Canada 478</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>W.R. Allison Greenfield Mo.</u> | | ADDRESS | |

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

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 W.R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield 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.