

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5785**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **299** PRIMARY REG. DIST. NO. **4363** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds	
b. CITY OR TOWN Bunker	c. LENGTH OF STAY (in this place) yr's	c. CITY OR TOWN Bunker	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION X		e. STREET ADDRESS (If rural, give location) X 0900	

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Brown c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) Feb 2 1954
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 4 1886	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 7 Days 28	IF UNDER 24 HRS. Hours 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 X	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME John Harding	13b. MOTHER'S MAIDEN NAME Georgianna Strange	14. NAME OF HUSBAND OR WIFE Louis Brown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Vern Turner ADDRESS St Louis Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Deficiency		
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4214	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) (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 **Feb 1, 1954** to **Feb 2, 1954**, that I last saw the deceased alive on **Feb 1, 1954**, and that death occurred at **7:45 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. M. Zippatrick M.D.	23b. ADDRESS Reisterville Mo	23c. DATE SIGNED 2/13/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/4/54	24c. NAME OF CEMETERY OR CREMATORY Bunker Cem	24d. LOCATION (City, town, or county) (State) Bunker Mo
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DATE REC'D BY LOCAL REG. 2/15/54	REGISTRAR'S SIGNATURE C. M. Zippatrick 275-	25. FUNERAL DIRECTOR'S SIGNATURE Carl J. Spence ADDRESS John Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

Received 3-3-54

Reynolds County Health Center

File No. 354 - 23

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
Signature of Student Embalmer

Signed Carl K. Johnson

Licensed Embalmer No. 293

P. O. Address Salina

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**