

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

State File No. **8363**

BIRTH NO. **FILED MAR 19 1954** REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **5471** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY GRUNDY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL WASHINGTON TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL 0400		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) WASHINGTON TOWNSHIP		
3. NAME OF DECEASED (Type or Print) a. (First) RAYBURN b. (Middle) BROWN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MAR-5-1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT 24 1880	
9. AGE (In years last birthday) 73		# UNDER 1 YEAR Months Days	# UNDER 24 HRS. Hours Min.	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MO. 0
13a. FATHER'S NAME LAFIETTE BROWN		13b. MOTHER'S MAIDEN NAME SUSAN SWEETMAN		14. NAME OF HUSBAND OR WIFE MARTHA BROWN
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARTHA BROWN SPICKARD 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) General Injuries ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Trivial Regurgitation DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 4 mo
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4211		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 Oct 1953 , to Mar 5, 1954 , that I last saw the deceased alive on Mar 2, 1954 , and that death occurred at 7:30 A. M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) E. J. Harris M.D.		23b. ADDRESS Newton Mo		23c. DATE SIGNED 3/6/54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR-7-1954	24c. NAME OF CEMETERY OR CREMATORY FOX CEM.	24d. LOCATION (City, town, or county) (State) GRUNDY CO. MO.	
DATE REC'D BY LOCAL REG. 3-7-1954	REGISTRAR'S SIGNATURE J. J. J. 115		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SCHOOLER FUNERAL HOME SPICKARD MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
100
1

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 _____

Ross Wise

Licensed Embalmer No. _____

3771

P. O. Address _____

Spickard 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.