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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elsberry</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elsberry Mo</u>	
d. FULL NAME OF (If not in hospital of institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>74th Street 0570</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>JANE</u> c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-15-1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept 13, 1866</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEAMSTRESS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Single</u>	9. AGE (In years last birthday) <u>87</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>2</u> IF UNDER 24 HRS. Hours <u>2</u> Min.
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John F. Brown</u>		13b. MOTHER'S MAIDEN NAME <u>ANN Reynolds</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jogan Brown, Elsberry, Mo.</u> ADDRESS <u>no.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic Cardiovascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	
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) (m.)	
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>3/14</u> , 19 <u>54</u> , to <u>3/15/</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3/15/</u> , 19 <u>54</u> , and that death occurred at <u>1300</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert M. Hull D.O.</u>		23b. ADDRESS <u>Elsberry Mo.</u>	
23c. DATE SIGNED <u>3/18/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3/17/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKRIDGE Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Lincoln Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifton Miller</u> ADDRESS <u>Elsberry, Mo</u>	
DATE REC'D BY LOCAL REG. <u>4/15/54</u>		REGISTRAR'S SIGNATURE <u>Mrs Clarence Kintz</u>	

**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 May 15-19

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsbey, Md

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.