

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15633

State File No. _____

FILED JUN 1 1954

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3623</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>Clinton</u>		d. STREET ADDRESS (If rural, give location) <u>917 N Main St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>917 N Main St</u>				d. STREET ADDRESS (If rural, give location) <u>917 N Main St</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Julia</u>		b. (Middle) <u>M</u>		c. (Last) <u>BROWN</u>	
4. DATE OF DEATH		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>9-30-1889</u>		9. AGE (In years last birthday) <u>64</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William F Swindell</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND <u>Charles Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>500-34-3193</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Brown</u>		ADDRESS <u>Clinton 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Stomach Hemorrhage (acute)</u>			
				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>			
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastases from Adenocarcinoma</u> DUE TO (c) <u>of the left ovary.</u>			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>April 3, 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma left ovary.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE		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>Jan 8, 1953</u> , to <u>May 19, 1954</u> , that I last saw the deceased alive on <u>May 17, 1954</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. R. S. Hollenquist</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Clinton Missouri</u>		23c. DATE SIGNED <u>5/20/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>23 May 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clinton Colored cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>	
DATE REC'D BY LOCAL REG. <u>May-23-54</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sickman-Dunning</u>		ADDRESS <u>Clinton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Robert L. Dunning

Licensed Embalmer No. *4270*

P. O. Address *Clinton MS*

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.