

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19426

State File No.

BIRTH NO.

REG. DIST. NO. 160

PRIMARY REG. DIST. NO. 559V

Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Jeff.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jeff.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joachim Rural</u>		c. CITY OR TOWN <u>Crystal City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>		e. STREET ADDRESS (If rural, give location) <u>County Rd. 0500</u>	

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Matilda Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>March 11, 1877</u>		9. AGE (In years last birthday) <u>77</u>		10. UNDER 1 YEAR (Month) (Day) (Min.) <u>2 25</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Mary's Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Mose Riney</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Burgett</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Henry Brown Crystal City, Mo.</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		DUPLICATE OF (b) <u>Chronic Myocarditis</u>		<u>7 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) <u>unknown</u>			
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>4222</u>		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 May 1st, 1954 to June 6, 1954, that I last saw the deceased alive on June 6, 1954, and that death occurred at 9:14 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Hammerford M.D.</u>		23b. ADDRESS <u>Crystal City Mo.</u>		23c. DATE SIGNED <u>June 8/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 11, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Catholic</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Mary's Mo.</u>	

DATE REC'D BY LOCAL REG. <u>6/9/54</u>		REGISTRAR'S SIGNATURE <u>John N. Stoll</u>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Country R. Vollette Crystal City, Mo.</u>	
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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

0580

JEFFERSON COUNTY HEALTH DEPT.
MILLSBORO, DELAWARE

DATE RECEIVED

JUN 15 1954

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 Gentry R. Politt

Licensed Embalmer No. 348

P. O. Address Crystal City

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.