

FILED AUG 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. 28260

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 251

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where he last lived. If institution: residency before admission) a. STATE Missouri		b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Hannibal	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		e. STREET ADDRESS (If rural, give location) 514 North Street 0640			

3. NAME OF DECEASED (Type or Print) Elma Barnett Brown			4. DATE OF DEATH (Month) (Day) (Year) August 19, 1954	
a. (First)	b. (Middle)	c. (Last)		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH November 26, 1879	9. AGE (In years last birthday) 74	10. IF UNDER 1 YEAR Months 8	11. IF UNDER 24 HRS. Days 23	12. IF UNDER 1 MIN. 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 XX		11. BIRTHPLACE (City and State or Foreign Country) LaGrange Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
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13a. FATHER'S NAME George Barnett		13b. MOTHER'S MAIDEN NAME Cortez Ginnard		14. NAME OF HUSBAND OR WIFE Harry L. Brown	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Stanley H. Smith		ADDRESS Hannibal Missouri	
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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) <u>Anemia</u>		DUE TO (b) <u>Cerebro vascular accident</u>		<u>4 da</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		<u>6 mo</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				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, 1954, to Aug, 1954, that I last saw the deceased alive on 8/18, 1954, and that death occurred at 1:15 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Stanley H. Smith</i>		23b. ADDRESS 115 N. 5th St Hannibal		23c. DATE SIGNED 8/19/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/20/1954		24c. NAME OF CEMETERY OR CREMATORY Forest Grove		24d. LOCATION (City, town, or county) (State) Canton Missouri	
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DATE REC'D BY LOCAL REG 8/19/54		REGISTRAR'S SIGNATURE <i>W. E. Luckert Deputy</i>		FUNERAL DIRECTOR'S SIGNATURE <i>W. E. Luckert</i>		ADDRESS Hannibal Missouri	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

AUG 21 1954

RECEIVED

ARIZON CO. HEALTH DEPT.

DATE FILED AUG 21 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 *John S. Spang*

Licensed Embalmer No...4540..

P. O. Address Hannibal, Miss

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.