

FILED NOV 3 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33023

State File No. ....

|   |                               |   |  |   |   |  |  |
|---|-------------------------------|---|--|---|---|--|--|
| BIRTH NO. _____   |                               | REG. DIST. NO. <u>37</u>  |  | PRIMARY REG. DIST. NO. <u>4049</u>  |   | Registrar's No. <u>36<sup>th</sup></u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Boone</u>   |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Centralia, Missouri</u>  |                               | c. LENGTH OF STAY (In this place)<br><u>4 years</u>   |  | c. CITY OR TOWN <u>Centralia</u>  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Centralia, Missouri</u>  |                               |   |  | e. STREET ADDRESS (If rural, give location)<br><u>N. Jefferson, Centralia, Mo.</u>  |   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>BUTLER</u>   |                               | b. (Middle) <u>BOREGUARD</u>  |  | c. (Last) <u>BROWN</u>  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Oct. 25, 1954</u>  |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widower</u>  | 8. DATE OF BIRTH<br><u>Oct. 5, 1860</u>                      | 9. AGE (In years last birthday) <u>94</u>   | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>20</u> | IF UNDER 24 HRS.<br>Hours <u>  </u> Min. <u>  </u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Retired Farmer</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Green County, Virginia</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u>  |  |
| 13a. FATHER'S NAME<br><u>Daniel S. Brown</u>  |                               | 13b. MOTHER'S MAIDEN NAME<br><u>Martha Isabelle</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Lora Carter Brown</u>   |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |                               | 16. SOCIAL SECURITY NO. <u>No</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs Jim King, Centralia, Missouri</u>   |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u><br><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><input checked="" type="checkbox"/>  |  |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br><u>  </u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   | <u>4222</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)   |                               | 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>Sept. 1954</u> to <u>Oct. 25, 1954</u> , that I last saw the deceased alive on <u>10/25/54</u> , 19 <u>  </u> , and that death occurred at <u>5:45</u> p. m., from the causes and on the date stated above. |                               |   |  |   |   |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>[Signature]</u>  |                               | 23b. ADDRESS<br><u>Centralia, Mo</u>  |  | 23c. DATE SIGNED<br><u>10/26/54</u>   |   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                               | 24b. DATE<br><u>Oct. 27, 1954</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Pisgah Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Sturgeon, Missouri</u>  |   |  |  |
| DATE REC'D BY LOCAL REG.<br><u>Oct 27-1954</u>  |                               | REGISTRAR'S SIGNATURE<br><u>Maud McBride</u>  |  | 30-0  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Pell 10 Mendon Centralia Missouri</u>   |  |

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

(Licensed Embalmer's Statement on Reverse Side)

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.....  
*B. J. Meadows*

Licensed Embalmer No. 48

P. O. Address.....  
*Centralia, W. Va.*

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.