

FILED OCT 19 1954

STANDARD CERTIFICATE OF DEATH

33262

State File No. _____

REG. DIST. NO. 3009 PRIMARY REG. DIST. NO. 2009 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JACKSON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEAR BURFORDVILLE LORANCE Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DEAL NURSING HOME</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u> <u>0090</u>	

3. NAME OF DECEASED a. (First) <u>HAZEL</u> b. (Middle) <u>LORETTA</u> c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-5-54</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-10-1889</u>
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>25</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H.W.F.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>IRA CURRY</u>		13b. MOTHER'S MAIDEN NAME <u>CROZIER</u>		14. NAME OF HUSBAND OR WIFE <u>A.D. BROWN Burfordville, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
	ANTECEDENT CAUSES Morbid 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. <u>None</u>		

19a. DATE OF OPERATION <u>-</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>332X</u>	
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 July, 1954, to Oct. 5, 1954, that I last saw the deceased alive on Oct. 4, 1954, and that death occurred at 9:01 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C.F. McDonald, MD</u> (Degree or title)		23b. ADDRESS <u>Jackson, Mo.</u>		23c. DATE SIGNED <u>10-11-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-7-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. ZION CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>BOLLINGER Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BAKER FUNERAL HOME LUTESVILLE, MO.</u>			
DATE REC'D BY LOCAL REG. <u>OCT 16-54</u>		REGISTRAR'S SIGNATURE <u>D. G. Sheibert</u> <u>43</u>			

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

661 4

1939
1941

0-11-1941

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

A. J. Baker

Licensed Embalmer No. 3573

P. O. Address *St. Louis Mo*

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.