No. 300
10.48

FILED NOV 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34340

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 214

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carthage
c. LENGTH OF STAY (in this place) 6 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCune-Brooks, Carthage

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Barton
c. CITY OR TOWN Boston
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location) ---

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3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) Francis
c. (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year) Oct. 23 1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 22, 1882
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) millman
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (City and State or Foreign Country) Thayer, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Timothy Brown
13b. MOTHER'S MAIDEN NAME Maria French
14. NAME OF HUSBAND OR WIFE Mamie Justus Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 495-07-8419
17. INFORMANT'S SIGNATURE OR NAME Mrs. Doris Williams, **ADDRESS** Liberal, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the pancreas — INTERVAL BETWEEN ONSET AND DEATH about 6 months

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. 157X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION primary carcinoma of head of pancreas with liver metastases
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 Sept '54 *19*___, *to* 23 Oct '54, *19*___, *that I last saw the deceased alive on* 22 Oct '54, *19*___, *and that death occurred at* 1:12 *P.m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS Carthage, Mo
23c. DATE SIGNED 10-26-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-26-54
24c. NAME OF CEMETERY OR CREMATORY Park Cemetery
24d. LOCATION (City, town, or county) (State) Carthage, Mo.

DATE REC'D BY LOCAL REG. 10-26-54
REGISTRAR'S SIGNATURE [signature] 139-2
25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, **ADDRESS** Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

County Clerk's Office
Date Filed NOV 8 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by O.L. Isbell, Student Embalmer No. 500

working under my personal supervision..

Student O. L. Isbell
Signature of Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. (I

If this body is not embalmed, fact should be so stated above.