No. 300
10-48

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

FILED NOV 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34901

State File No.

BIRTH NO. REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5960 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Market, Green
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (Home) New Market

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Platte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Market, Mo. Green
d. STREET ADDRESS (If rural, give location): New Market, Mo. 0830

3. NAME OF DECEASED (Type or Print)
a. (First): GID L.
b. (Middle): BROWN
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Oct. 27. 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 17, 1866
9. AGE (In years last birthday): 88 — 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): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Tom Brown
13b. MOTHER'S MAIDEN NAME: Martha Maget
14. NAME OF HUSBAND OR WIFE: Nenie Downing Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Armilda Wilson (Daughter)
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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 years

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.* Prostatitis — 3 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* 10-6, 1948, *to* 10-27, 1954, *that I last saw the deceased alive on* 10-23, 1954, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. L. Durham (Degree or title) M.D.
23b. ADDRESS: Dearborn Mo.
23c. DATE SIGNED: 10-29-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 29, 1954
24c. NAME OF CEMETERY OR CREMATORY: Dearborn Cem.
24d. LOCATION (City, town, or county) (State): Dearborn, Missouri

DATE REC'D BY LOCAL REG.: Oct 29-54
REGISTRAR'S SIGNATURE: Ophia Pallin
25. FUNERAL DIRECTOR'S SIGNATURE: Vaughn-Aufrenc
ADDRESS: Dearborn, Mo.

(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 .....
Student Embalmer

Signed W. R. Vaugh

Licensed Embalmer No. 6023

P. O. Address Weston, 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.