

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41409

State File No. ....

FILED DEC 21 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 594

1. PLACE OF DEATH

a. COUNTY **JASPER**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **JOPLIN**

c. LENGTH OF STAY (in this place) **7 WEEKS**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **ST. JOHN'S HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **MISSOURI** b. COUNTY **JASPER**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **JOPLIN**

d. STREET ADDRESS (If rural, give location) **3601 E. 10TH ST.**

3. NAME OF DECEASED (Type or Print)

a. (First) **EARL** b. (Middle) **RUSSELL** c. (Last) **BROWN**

4. DATE OF DEATH (Month) (Day) (Year) **DEC. 13, 1954**

5. SEX **M**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED (Specify)

8. DATE OF BIRTH **AUG. 31, 1891**

9. AGE (In years last birthday) **63**

If under 1 year: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **MAINTENANCE ENG.**

10b. KIND OF BUSINESS OR INDUSTRY **ST. JOHN'S HOSP.**

11. BIRTHPLACE (State or foreign country) **OMAHA, NEB.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **ISSAC BROWN**

13b. MOTHER'S MAIDEN NAME **SABRA MILLER**

14. NAME OF HUSBAND OR WIFE **MRS MERCEDES BROWN**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES WW II**

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **MRS MERCEDES BROWN, 3601 E. 10TH ST.**

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.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Generalized Carcinomatosis**

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 **Matted or fear enlargement**

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **5 MONTHS**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **Valvular and Aortic**

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)

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 9/9/1954 to 12/13, 1954, that I last saw the deceased alive on 12/13, 1954, and that death occurred at 7 P: m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **[Signature]**

23b. ADDRESS **421 Frisco Bldg, Joplin, Mo**

23c. DATE SIGNED **12/15/54**

24a. BURIAL CREMATION REMOVAL (Specify) **BURIAL**

24b. DATE **12-16-54**

24c. NAME OF CEMETERY OR CREMATORY **MT. HOPE CEMETERY**

24d. LOCATION (City, town, or county) (State) **WEBB CITY, MISSOURI**

DATE REC'D BY LOCAL REG. **12-18-54**

REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **STEVE PARKER MORTUARY, JOPLIN, MO.**

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 54-13-1014  
Date Filed DEC 20 1954

MS  
MAR 29 1955

JAN 18 1955

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed F. M. Jones

Signed.....  
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Job Hill

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.