

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42229

State File No. \_\_\_\_\_

Registrar's No. 10809

BIRTH NO. 45832-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo.		b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Moberly</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. Baptist Hospital</i>		e. STREET ADDRESS <i>517 S. Morley</i>		(If rural, give location) <i>0883</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Julie</i> b. (Middle) <i>Brown</i> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <i>11-25-54</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>7-14-1954</i>	9. AGE (In years last birthday) <i>4</i>	IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>child</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Moberly, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Donald E. Brown</i>		13b. MOTHER'S MAIDEN NAME <i>Shirley Nichols</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Donald Brown, Moberly, Mo.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hydrocephalus</i>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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? <i>752X</i>	
22. I hereby certify that I attended the deceased from <i>Aug 15</i> , 1954, to <i>Nov. 25</i> , 1954, that I last saw the deceased alive on <i>Nov. 25</i> , 1954, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <i>J. Wistar White</i> (Degree or title) <i>M.D.</i>			23b. ADDRESS <i>4500 Glen St. St. Louis</i>		23c. DATE SIGNED <i>11/26/54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		24b. DATE <i>11-26-54</i>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) <i>Moberly, Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Snow Funeral Home, Moberly, Mo.</i>			
DATE REC'D BY LOCAL REG. <i>NOV 27 1954</i>		REGISTRAR'S SIGNATURE <i>Paul Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Snow Funeral Home, Moberly, Mo.</i>	

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

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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.....

Licensed Embalmer No. 39

P. O. Address St. Louis

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.