

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

666

BIRTH NO. _____		REG. DIST. NO. <u>88</u>		PRIMARY REG. DIST. NO. <u>4157</u>		Registrar's No. <u>2</u>			
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steelville</u>		c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steelville</u>		<u>0280</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHANNA</u> b. (Middle) <u>AUGUSTA</u> c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13, 1955.</u>						
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 11, 1886.</u>		9. AGE (In years last birthday) <u>68</u>	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 YEAR Hours	if UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>- - -</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Campbell Hill, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Charles Heinike</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Peter S. Brown</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>333-18-1218</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Peter S. Brown, Steelville, Mo.</u>				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) <u>Scirrhous Carcinoma Rt breast with extension into Rt shoulder & chest</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) _____						INTERVAL BETWEEN ONSET AND DEATH <u>27 mo</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION <u>1/15/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>170 X</u>					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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>May</u> , 19 <u>53</u> , to <u>Jan</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan 12, 1955</u> , and that death occurred at <u>2:00p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John Campbell MD</u>				23b. ADDRESS <u>Steelville, Mo</u>			23c. DATE SIGNED <u>1/22/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/15/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cuba, Missouri.</u>				
DATE REC'D BY LOCAL REG. <u>1/28/55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lichner</u>			505-		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas H. Hubert</u>		
					ADDRESS <u>Steelville, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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 Thomas S. Gault

Licensed Embalmer No. 4332

P. O. Address Steelville, Missouri

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.