No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3721

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 4542 Registrar's No. 6

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Webster
c. CITY OR TOWN: Rogersville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 1120

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

4. DATE OF DEATH (Month) 2 (Day) 6 (Year) 55

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-16-1871
9. AGE (In years last birthday): 84 — 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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Indiana
12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME: Harrison Brown
13b. MOTHER'S MAIDEN NAME: Rice
14. NAME OF ~~HUSBAND~~ OR WIFE: ~~[illegible]~~ Katie
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.: None
17. INFORMANT'S SIGNATURE OR NAME: Jim Brown, ADDRESS: Rogersville 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) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 wks
c Pulmonary Edema
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Dis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4200
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* 3/13/54 *to* 2/6/55 19__, *that I last saw the deceased alive on* 3/5/55 19__, *and that death occurred at* 2 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David H. Hall, MD
23b. ADDRESS: 1951 So. National Springfield Mo
23c. DATE SIGNED: 2/7/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-9-55
24c. NAME OF CEMETERY OR CREMATORY: Watts Cem.
24d. LOCATION (City, town, or county) (State): Rogersville Mo.

DATE REC'D BY LOCAL REG.: 2-10-55
REGISTRAR'S SIGNATURE: Opal M. Good. 3435-C
25. FUNERAL DIRECTOR'S SIGNATURE: D. C. Ferrell
ADDRESS: Rogersville Mo.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Don G. Ferrell.....

Licensed Embalmer No. 4847

P. O. Address Mansfield, M

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.

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