

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8010

State File No.

FILED APR 4 1955

BIRTH NO. REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4230 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Armstrong</u> <u>Neward</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hawaii</u>	
b. CITY OR TOWN <u>Armstrong</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Armstrong</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>At Home</u>		f. STREET ADDRESS- (If rural, give location) <u>0 450</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>VALLIE</u> b. (Middle) <u>MAE</u> c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 10, 1955</u>		
5. SEX <u>♀</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 24, 1882</u>	9. AGE (In years last birthday) <u>72</u>	10. UNDER 1 YEAR Days <u>11</u>
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>Nursework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Armstrong Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John N. Markland</u>	13b. MOTHER'S MAIDEN NAME <u>Marcella McCombs</u>	13c. NAME OF HUSBAND OR WIFE <u>Columbus Wright Brown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lum Brown</u> ADDRESS <u>Armstrong, Mo</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno Carcinoma of the Gall</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bladder with metastases</u>		
	DUE TO (c) <u>To liver and lungs</u>		
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 <u>155X</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) m.	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 Jan, 1952, to Mar 10, 1955, that I last saw the deceased alive on Mar 1, 1955, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. F. Lewis, Jr.</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Mo. St. 110</u>	23c. DATE SIGNED <u>Mar 11 1955</u>
--	---------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 12, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>old Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Armstrong Mo</u>
---	---------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Mar 13, 1955</u>	REGISTRAR'S SIGNATURE <u>Walker Audsley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Roberson</u> ADDRESS <u>Highway 11</u>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

APR 4 1958

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 *H. S. Peterson*

Licensed Embalmer No. *300*

P. O. Address *Higbee*

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.