

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21383**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **310**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Cape Girardeau</b>	c. LENGTH OF STAY (in this place) <b>35 yrs.</b>	c. CITY OR TOWN <b>Cape Girardeau</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>0107</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1322 North Westend Blvd.</b>		STREET ADDRESS (If rural, give location) <b>1322 North Westend Boulevard</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>INEZ</b>	b. (Middle) <b>M.</b>	c. (Last) <b>BROWN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 8, 1955</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 11, 1900</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>27</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cape Girardeau, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>Richard O. Spalding</b>	13b. MOTHER'S MAIDEN NAME <b>Mary L. Baehr</b>	14. NAME OF HUSBAND OR WIFE <b>Walton W. Brown</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Walton W. Brown</b>	ADDRESS <b>Cape Girardeau, Mo</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma, Metastatic Liver.</b>		<b>6 mos.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ca Gall Bladder</b>		<b>6 mos.</b>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>155X</b>	

19a. DATE OF OPERATION <b>2-2-55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Ca HP - Metastatic To Liver</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 1955** to **8-8, 1955** that I last saw the deceased alive on **8-8, 1955** and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Frank Hall</b> (Degree or title)	23b. ADDRESS <b>Cape Girardeau</b>	23c. DATE SIGNED <b>8-8-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 11, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-10-55</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walters Funeral Home Cape Gir.</b>	ADDRESS <b>Cape Gir.</b>
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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.....  
Signature of Student Embalmer

Signed *William Lee Town*.....

Licensed Embalmer No. *441*

P. O. Address *Copeland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.