

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39410**

BIRTH NO. _____ REG. DIST. NO. **338** PRIMARY REG. DIST. NO. **4501** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) Bloomfield	c. LENGTH OF STAY (in this place) yrs.	c. CITY OR TOWN Bloomfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION At home		STREET ADDRESS (If rural, give location) 1030	

3. NAME OF DECEASED (Type or Print) a. (First) ADA	b. (Middle) --	c. (Last) BROWN	4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1955
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5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 27, 1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 7 Days 1	IF UNDER 2 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Dexter, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Hugh Evans	13b. MOTHER'S MAIDEN NAME Lucy Simmemon	14. NAME OF HUSBAND OR WIFE Deceased, Forrest Brown
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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) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Chas. Tucker, Bloomfield, Mo.	ADDRESS Bloomfield, Mo.
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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 5 yrs 1 yr 3 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Hypertension	DUE TO (b) Abdominal Aortic	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Carcinoma of liver		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5810			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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**, 19**59** to **11-28**, 19**55**, that I last saw the deceased alive on **11/27**, 19**55**, and that death occurred at **10 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Neal Gordon	(Degree or title)	23b. ADDRESS Dexter, Mo.	23c. DATE SIGNED 11/30/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 30-55	24c. NAME OF CEMETERY OR CREMATORY Bloomfield cem.	24d. LOCATION (City, town, or county) (State) Bloomfield, Mo.
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DATE REC'D BY LOCAL REG. 12/5/55	REGISTRAR'S SIGNATURE Leis C. Mooney	25. FUNERAL DIRECTOR'S SIGNATURE CHILES UND. CO.	ADDRESS Bloomfield, Mo.
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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 Lulu Cooper # 3499..... Student Embalmer No. X.....

~~WORKING UNDER SUPERVISOR SUPERVISION.~~

Student.....
Signature of Student Embalmer

Signed Lulu C. Cooper.....

Licensed Embalmer No. 4119.....

P. O. Address Bloomfield.....

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.