

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39786**
Registrar's No. **61**

FILED DEC 30 1955

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1222 Forest Lane	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1222 Forest Lane			

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Burk c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) Dec .2, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 30, 1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 4 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) South Easton, Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Isaac Burk	13b. MOTHER'S MAIDEN NAME Edna	14. NAME OF HUSBAND OR WIFE Andrew Lee Brown, Dec'd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Girlie Wix, Poplar Bluff, Mo. 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Typhoid Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Cerebrovascular thrombosis		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS 334X	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **Sept 1850**, to **2 Dec 1955**, that I last saw the deceased alive on **2 Dec 1955**, and that death occurred at **5:15 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE C. B. Brooker MD (Degree or title)	23b. ADDRESS 321 Oak Poplar Bluff Mo 13th St. 55	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-4-55	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.
		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

DATE REC'D BY LOCAL REG. 12/20/55	REGISTRAR'S SIGNATURE R. H. Mueller	25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell ADDRESS Poplar Bluff, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
DEC 28 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

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 Walter R Knight

Licensed Embalmer No. 14514

P. O. Address 412 Vine
Plympton Bluff - N

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.