

FILED FEB 29 1956

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

5413

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>3030</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ARK.</u> b. COUNTY <u>LAWRENCE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FESTUS</u>		c. LENGTH OF STAY (In this place) <u>5 WEEKS</u>		c. CITY OR TOWN <u>BLACK ROCK</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>427 S. Adams St</u>				e. STREET ADDRESS (If rural, give location) <u>8030g</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ELIGE</u>		b. (Middle) <u>B.</u>		c. (Last) <u>BROWN</u>	
4. DATE OF DEATH		(Month) <u>2</u>		(Day) <u>16</u>		(Year) <u>56</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>AUG. 18, 1883</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Mins. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>BLACK ROCK, ARK.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>RUBY CRAVEN</u>		13b. MOTHER'S MAIDEN NAME <u>MATTIE BROWN</u>	
14. NAME OF HUSBAND OR WIFE <u>✓</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Timus Craven Festus - 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND 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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Jan 12, 1956</u> , to <u>Feb 2, 1956</u> , that I last saw the deceased alive on <u>Feb 2, 1956</u> and that death occurred at <u>3:15 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Bernhard Belgard, MD</u> (Degree or title)				23b. ADDRESS <u>Festus, Mo</u>		23c. DATE SIGNED <u>2/16/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-19-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BLACK ROCK</u>		24d. LOCATION (City, town, or county) (State) <u>BLACK ROCK ARK.</u>	
DATE REC'D BY LOCAL REG. <u>2-16-56</u>		REGISTRAR'S SIGNATURE <u>Jesse A. Ripston</u>		56g		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Helitta Crystal City, Mo</u> ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 21 1956

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 *Emery P. Palitte*

Licensed Embalmer No. *34*

P. O. Address *Crystal*

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.