

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13843**

FILED APR 24 1956

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **5627** Registrar's No. **63**

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give town) Competition		c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/>	
c. CITY OR TOWN Competition		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 Competition Rural		e. STREET ADDRESS (If rural, give location) Rural Route	
3. NAME OF DECEASED a. (First) Mary Elizabeth b. (Middle) Brown c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) March 30, 1956	
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 9, 1863
9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months 3 Days 21	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Dippecane Co. Indiana	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME William Byers	13b. MOTHER'S MAIDEN NAME Mary Ann Wilson	14. NAME OF HUSBAND OR WIFE Phillip Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Addie Cook ADDRESS Competition Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sanity. I have not seen Mrs B. for a number of yrs & do cant state definitely. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Do cant state definitely. DUE TO (c) 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	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) (Min.)	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 Six not 19 19 , that I last saw the deceased alive on 19 , and that death occurred at 8:30 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE J. W. Lindsay M.D. (Degree or title)		23b. ADDRESS Cowboy	
23c. DATE SIGNED 4-18-56			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 4/1/56	24c. NAME OF CEMETERY OR CREMATORY Porter Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Near Competition Mo.
DATE REC'D BY LOCAL REG. 4-14-1956	REGISTRAR'S SIGNATURE Albela C. Gray	FUNERAL DIRECTOR'S SIGNATURE Holman Funeral Home Lebanon Mo. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

Received 4-23-56
Laclede County Health Unit
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Date Filed 4-23-56

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 Rosey M. Howe

Licensed Embalmer No. 42

P. O. Address Lebanon

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.