

FILED MAY 21 1956

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

17318

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>277</u>		PRIMARY REG. DIST. NO. <u>5952</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <b>Pike</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b> <u>1820</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Spencer Township</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Curryville</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1 mi West Curryville</b>				e. STREET ADDRESS (If rural, give location) <b>1 mi West Curryville</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ina</b> b. (Middle) <b>Elsina</b> c. (Last) <b>Brown</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 7, 1956</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> <u>2</u>	8. DATE OF BIRTH <b>Aug 15, 1881</b>		9. AGE (In years by birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work or occupation, including life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Frankford, Pike Co., Mo.</b> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13a. FATHER'S NAME <b>John W. Gerry</b>			13b. MOTHER'S MAIDEN NAME <b>Orpha Helen Brown</b>		14. NAME OF HUSBAND OR WIFE <b>John L. Brown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Henry Waddell, Curryville, Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Breast</b> ANTECEDENT CAUSES <b>Carcinoma of Mammary Gland</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastasis in Lung</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 <b>1952</b> <b>1952</b> <b>1956</b>	
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 <u>1952</u> to <u>5-7</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-5</u> , 19 <u>56</u> , and that death occurred at <u>11 1/2</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. M. Mathews M.D.</b>				23b. ADDRESS <b>Bowling Green Mo.</b>		23c. DATE SIGNED <b>5-14-56</b>	
24a. BURIAL, CREMATION (Specify) <b>Burial</b>		24b. DATE <b>May 9, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Air Cemetery, North Curryville, Missouri</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>5-14-56</b>		REGISTRAR'S SIGNATURE <b>Bill Robinson</b>		FUNERAL DIRECTOR'S SIGNATURE <b>William B. Waters</b>		ADDRESS <b>Vandalia, Mo.</b>	

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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.....  
*Mallie Fugard*

Licensed Embalmer No. *416*

P. O. Address *Vandalia*

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.