

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1936

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 1111

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon					
b. CITY (If outside corporate limits, write RURAL and give township) Nevada		c. LENGTH OF STAY (in this place) 1 mo		c. CITY OR TOWN Nevada		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 Nevada City Hosp.				e. STREET ADDRESS (If rural, give location) 307 E. Ashland 1082					
3. NAME OF DECEASED (Type or Print) a. (First) Ordillia			b. (Middle) Ellen		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) May 11 56		
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 3, 1874		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) <input type="radio"/> Butler, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ruben Searfus			13b. MOTHER'S MAIDEN NAME Marv Ann (Unknown)		14. NAME OF HUSBAND OR WIFE William H. Brown				
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 ADDRESS Wm. H. Brown 307 E. Ashland					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute schistic. C.P.D. Disease				INTERVAL BETWEEN ONSET AND DEATH 4 yrs.	
ANTECEDENT CAUSES Morbidity 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. Fracture Right femur with trochanter				30 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442 x F						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 Apr 11, 1956 to May 11, 1956 , that I last saw the deceased alive on May 11, 1956 , and that death occurred at 12:20 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE Amalia E. Ferry				(Degree or title) D		23b. ADDRESS Nevada Mo		23c. DATE SIGNED May 15 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-13-56	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Butler, Missouri				
DATE REC'D BY LOCAL REG. 5-23-56		REGISTRAR'S SIGNATURE Amalia E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE SHORTEN FUNERAL HOME		ADDRESS NEVADA, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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~~, Student Embalmer No.
working under my personal supervision..

Student,
Signature of Student Embalmer

Signed *Lawrence O. Hunt*

Licensed Embalmer No. 42

P. O. Address Nevada

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.