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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21309

State File No. ....

FILED JUN 25 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 582L Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Big Prairie</u>	c. LENGTH OF STAY (In this place) <u>LIFE</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Big Prairie</u>	d. STREET ADDRESS (If rural, give location) <u>MATTHEWS R7D</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MATTHEWS R7D</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>MOORE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 31 1956</u>		
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5. SEX <u>FEMALE</u>	6. COLOR, OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>12-25-1869</u>	9. AGE (In years last birthday) <u>86</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>NEW MADRID Co. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JAMES MARSHALL BROWN</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY E HILL</u>	14. NAME OF HUSBAND OR WIFE <u>CHAS. E.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Tom Moore - Matthews Mo R7D</u>	ADDRESS
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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) <u>auricular fibrillation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u>  DUE TO (c) <u>cerebral apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>  <u>1 week</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	4200	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 9/2, 1952, to 5/31, 1956, that I last saw the deceased alive on 5/31, 1956, and that death occurred at 10:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. C. Citchlow M.D.</u>	23b. ADDRESS <u>Liberton Mo.</u>	23c. DATE SIGNED <u>June 9, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-2-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MATTHEWS</u>	24d. LOCATION (City, town, or county) (State) <u>MATTHEWS MO</u>
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DATE REC'D BY LOCAL REG. <u>18 June 56</u>	REGISTRAR'S SIGNATURE <u>Fay Nudgeath</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Welsh Funeral Home - Liberton Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED JUN 20 1956  
NEW MADRID CO. HEALTH CENTER  
P. J. L.

**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

*Raymond Crews*

Licensed Embalmer No. 3467

P. O. Address Sekeston Mo.

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.