No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 21 1956

State File No. 26652

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 120

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashbrook Nursing Home 1st

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Grundy
c. CITY OR TOWN: Trenton
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location): Plaza Hotel

040 2 0

3. NAME OF DECEASED (Type or Print)
a. (First): Elias
b. (Middle):
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): July 28 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH: Nov 2 1862
9. AGE (In years last birthday): 93
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture.
11. BIRTHPLACE (City and State or Foreign Country): Grundy County, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Brown
13b. MOTHER'S MAIDEN NAME: Lucy Tinsley
14. NAME OF HUSBAND OR WIFE: Laura Belle Parnell Brown (dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 493-18-9502
17. INFORMANT'S SIGNATURE OR NAME: Nell Arnold
ADDRESS: Kansas City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
331X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 21st 1956 *to* July 28th 1956, *that I last saw the deceased alive on* July 21st 1956 *and that death occurred at* 7:30 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Oliver F. Duffy M.D.
23b. ADDRESS: Trenton Mo.
23c. DATE SIGNED: July 30th 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 30 1956
24c. NAME OF CEMETERY OR CREMATORY: Bratton Cemetery
24d. LOCATION (City, town, or county) (State): R.F.D. Trenton, Mo.

DATE REC'D BY LOCAL REG.: 7-31-56
REGISTRAR'S SIGNATURE: Irene Tacer
25. FUNERAL DIRECTOR'S SIGNATURE: Gordon Blackmon
ADDRESS: Trenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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 embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed: Claude H. Crandall Jr.

Licensed Embalmer No. 4986

P. O. Address: Trenton, T

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