S. No. 300
v. 10.48

FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29844

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5118 Registrar's No. 300

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

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McBaine Mo. Township
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McBaine, Mo. Rt. I

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: ~~001~~ MCBaine
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Route I 5 miles SouthWest

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

4. DATE OF DEATH (Month) (Day) (Year): 9 17 56

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, ~~WIDOWED~~, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 20, 1900
9. AGE (In years last birthday): 55 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Boone County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Davenport
13b. MOTHER'S MAIDEN NAME: Carrie Elkin
14. NAME OF HUSBAND OR WIFE: I. J. Brown MCBaine, Mo.

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.: 490-07-1581
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: I. J. Brown McBaine, Mo. Rt. I.

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) Congestive Heart Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac hypertrophy - dilatation
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Six months

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: 4341
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* Coroners Case *19__ to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hamilton Neal M.D. Coroner
23b. ADDRESS: Columbia, Mo.
23c. DATE SIGNED: 9/17/56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9/19/1956
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): Columbia, Mo.

DATE REC'D BY LOCAL REG.: Sept 18 1956
REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Lyman Sprinkle, Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

3 1-d

MAR 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lyman Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, O

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