

THE DIVISION OF HEALTH OF MISSOURI  
FILED OCT 2 1956 STANDARD CERTIFICATE OF DEATH

State File No. 31728

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 256			
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>					
b. CITY OR TOWN <u>Moberly Mo</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Moberly</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>3</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓ 311 E Reed</u>				e. STREET ADDRESS (If rural, give location) <u>311 E. Reed sh.</u> <u>0880</u>					
3. NAME OF DECEASED (Type or Print) <u>AMANDY BROWN</u>			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH <u>Sept. 14 1956</u>			a. (Month) (Day) (Year)			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2-18-56</u>			
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dalton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>			
13a. FATHER'S NAME <u>Jacob Banks</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Morgan</u>			14. NAME OF HUSBAND OR WIFE <u>Willis Brown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Rosetta Gosch</u> ADDRESS <u>312 N. Fifth St.</u>					
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>Bronchial Pneumonia</u> ANTECEDENT CAUSES <u>following Flu,</u> 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 <u>sterility,</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>aug 26/56</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? <u>✓</u> YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		480x			
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>aug. 20/56</u> to <u>sep. 14/56</u> , that I last saw the deceased alive on <u>sep. 14/56</u> , and that death occurred at <u>9:50</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>A. L. E. Hule</u> (Address & title) _____				23b. ADDRESS <u>Moberly Mo</u>		23c. DATE SIGNED <u>9/17/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 18 '56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>✓</u>		24d. LOCATION (city, town, or county) (State) <u>Dalton Mo</u>			
DATE REC'D BY LOCAL REG. <u>9/18/56</u>		REGISTRAR'S SIGNATURE <u>Calwood</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert L. Cox</u> ADDRESS <u>Moberly Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

269  
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OCT 5  
1958

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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 *Robert L. Carr*

Licensed Embalmer No. *3190*

P. O. Address *Moberly 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.