No. 300
10.48

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5279

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Pike County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana
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): Pike Co, Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN: Elsberry
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): rural R.F.D. 2

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Mays c. (Last) Brown
4. DATE OF DEATH (Month) (Day) (Year): Feb. 10, 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 28, 1883
9. AGE (In years last birthday): 73 IF UNDER 1 YEAR Months: 5 Days: 12 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (City and State or Foreign Country): Marion County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Anderson Brown
13b. MOTHER'S MAIDEN NAME: Martha Victoria Mays
14. NAME OF HUSBAND OR WIFE: Lena Brown
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.: 490-40-4359
17. INFORMANT'S SIGNATURE OR NAME: Mrs. John Brown ADDRESS: Elsberry, Mo. R.F.D.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Recurrent Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: about 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized arteriosclerosis — 5 years
DUE TO (c) Hypertension — about 5 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pernicious Anemia — about 5 yrs.

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* _____, 19 46, *to* 2/10/57, 19____, *that I last saw the deceased alive on* 2/10/57, 19____, *and that death occurred at* 7:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: 122 South Third Street, Louisiana Missouri
23c. DATE SIGNED: 2/11/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/13/1957
24c. NAME OF CEMETERY OR CREMATORY: Elsberry Cemetery
24d. LOCATION (City, town, or county) (State): Elsberry, Lincoln, Mo.

DATE REC'D BY LOCAL REG.: Feb 13, 1957
REGISTRAR'S SIGNATURE: Bernice Callier
25. FUNERAL DIRECTOR'S SIGNATURE: Clifton Miller ADDRESS: Elsberry, Mo.
(Licensed Embalmer's Statement on Reverse Side)

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

374

FEB 26 1957

STATEMENT BY LICENSED EMBALMER

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

by me, or by ..... Feb 12-1957, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... Clifton Miller

Licensed Embalmer No. 336

P. O. Address Elsberry

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.