No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-006326

FILED MAR 3 - 1958

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY: LINCOLN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RFD - Troy
c. LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LINCOLN COUNTY MEM. HOSP.

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): 10 miles W. of Elsberry, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): LEACIM
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): FEB. 16, 1958

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: APR. 3, 1871
9. AGE (In years last birthday): 86 | 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): librarian - school - retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): RFD - BRISCOE, Mo
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Wm BRUCE BROWN
13b. MOTHER'S MAIDEN NAME: MARY M. REID
14. NAME OF HUSBAND OR WIFE: NONE
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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: LOUIS HOUSTON
ADDRESS: RFD - ELSBERRY, 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) Medullary Paralysis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Embolism and — 12 hrs.

DUE TO (c) Aterial Embolism of Rt Iliac, Internal — 24 hrs.

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: 332x
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* Feb 14, 19 58, *to* Feb 16, 19 58, *that I last saw the deceased alive on* Feb 16, 19 58 *and that death occurred at* 7:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leonard Perfect DO
23b. ADDRESS: Troy, Mo
23c. DATE SIGNED: 2/18/58

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB. 19, 1958
24c. NAME OF CEMETERY ~~OR CREMATORY~~: REID
24d. LOCATION (City, town, or county) (State): RFD - BRISCOE, Mo.

DATE REC'D BY LOCAL REG.: 2-28-58
REGISTRAR'S SIGNATURE: Nell G. Schoenbein
25. FUNERAL DIRECTOR'S SIGNATURE: O'Gorman Reid
ADDRESS: Elsberry Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4012

P. O. Address Elsberry Mo

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