

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018985

STATE FILE NUMBER

FILED MAY 23 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY Marion.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls,			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Center, Missouri.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital			Length of stay in lb 6Days		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First NORA Middle PAULINA Last BROWN				4. DATE OF DEATH Month May Day 9 Year 1958			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept 25, 1866	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Center, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James L. Gwynn				14. MOTHER'S MAIDEN NAME Jane Moses.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Ralph Brown, Center, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE - (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Malignant Hypertension DUE TO (c) 445X						INTERVAL BETWEEN ONSET AND DEATH 3 days 2 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour 9:30 Month Sept Day 4 Year 1957 a. m. A. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION Center, Missouri		20g. COUNTY Center, Missouri		
20h. STATE Missouri			21. I attended the deceased from Sept 4 1957 to May 9, 1958 and last saw her alive on 5/9/58 Death occurred at 9:30 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Edward W. Perry M.D.				22b. ADDRESS Vandalia, Missouri.		22c. DATE SIGNED 5-12-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-11-1958		23c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery,		23d. LOCATION (City, town, or county) (State) Center, Missouri.	
24. FUNERAL DIRECTOR Charles W. Perry, Mo.				25. DATE RECD. BY LOCAL REG. 5-16-58		26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke, W. C. Fisher	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED MAY 21 1958

MARION CO. HEALTH DEPT.

DATE FILED MAY 21 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clyde C. Harrison*

Licensed Embalmer No... 382

P. O. Address... Perry, Mo.

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