

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039775
STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Union
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. MARY'S HOSP. INSTITUTION		Length of stay in lb 4 da.	d. STREET ADDRESS Roar # K 2 mi. west of Annapolis
3. NAME OF DECEASED (Type or print) First MAUDE Middle MAY Last BROWN			4. DATE OF DEATH Month Nov. 12 Day 1958 Year
5. SEX fem	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 25 1878
9. AGE (In years last birthday) 80	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	11. BIRTHPLACE (City and state or country) Annapolis Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME F. C. Warncke		13b. MOTHER'S MAIDEN NAME Charity Brewer	14. NAME OF HUSBAND OR WIFE James Brown
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. no	17. INFORMANT Address Carl Brown, Annapolis Missouri.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic nephritis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease.			INTERVAL BETWEEN ONSET AND DEATH years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m.
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY
STATE	21. I attended the deceased from 1-4-56 to 11-12-58 and last saw her alive on 11-11-58 Death occurred at 12.15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Marvin C. Menne, M.D.		22b. ADDRESS 109 Main, Ironton, Missouri	22c. DATE SIGNED 11-13-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11-14-58	23c. NAME OF CEMETERY OR CREMATORY Annapolis Cemetery	23d. LOCATION (City, town, or county) Annapolis Mo. (State)
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo. Archie White		25. DATE RECD. BY LOCAL REG. 11-14-58	26. REGISTRAR'S SIGNATURE Ma. Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Archie J. White*

- Licensed Embalmer No. *3912*
P. O. Address *Princeton, Ill.*

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.