Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-045238
STATE FILE NUMBER

FILED DEC 24 1958

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 136

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Ray<br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond — Inside Limits Yes [X] No [ ]<br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 405 E. Main — Length of stay in Ib 4 yrs | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Ray<br>c. CITY OR TOWN Richmond 0891 0 — Inside Limits Yes [X] No [ ]<br>d. STREET ADDRESS (If outside, give location) 405 E. Main — Reside on Farm Yes [ ] No [X] |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: Myrtle | Middle: Gilbreath | Last: Brown | 4. DATE OF DEATH Month: Dec. Day: 9 Year: 1958 |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] | 8. DATE OF BIRTH: Oct. 14/1878 | 9. AGE (In years last birthday): 80 — 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): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: at home | 11. BIRTHPLACE (City and state or country): LaPlata, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME: Thomas F. Gilbreath | 13b. MOTHER'S MAIDEN NAME: Laura B. Dodson | 14. NAME OF HUSBAND OR ~~WIFE~~: Miller G. 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.: none | 17. INFORMANT: Miller G. Brown | Address: Richmond, Missouri | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion — Minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

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 [ ] NO [X]

Myxedema 4201

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] — 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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] — 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 6-5-54, to 12-9-58 and last saw her/him alive on 12-9-58. Death occurred at 1:00 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] M.D. — 22b. ADDRESS Richmond — 22c. DATE SIGNED 12-10-58

| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 12/11/58 | LaPlata Cemetery | LaPlata, Missouri |

| 24. FUNERAL DIRECTOR ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
|---|---|---|
| Quest-Lile Funeral Home Richmond, Missouri | 12-18-1958 | Mabel Jackson |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

APR 2 1963

## 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 Morris D. Bailey

Licensed Embalmer No. 4887

P. O. Address Richmond, In

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.