Health, Welfare Public Service

8

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-001169
STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY Iron
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Ironton — Inside Limits Yes # No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Mary's Hosp — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Reynolds
c. CITY OR TOWN Centerville c 900 c — Inside Limits Yes # No
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes No #

3. NAME OF DECEASED (Type or print) First IVA Middle MAY Last BROWN
4. DATE OF DEATH Month Jan. Day 14 Year 1959
5. SEX fem
6. COLOR OR RACE white
7. MARRIED # NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH Sept. 3 1895
9. AGE (In years last birthday) 63 — 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) at home
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (City and state or country) Charleston Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Ashby
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Charles 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. no
17. INFORMANT Address Charles Brown, Centerville Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Intracerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
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)
19. WAS AUTOPSY PERFORMED? YES NO 6

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 1-14-59 to 1-14-59 and last saw her/him alive on 1-14-59
Death occurred at 11.45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. Jos. A. Jay (Degree or title) M.D.
22b. ADDRESS Ironton Mo.
22c. DATE SIGNED 1-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 1-17-59
23c. NAME OF CEMETERY OR CREMATORY Centerville Missouri
23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo.
25. DATE RECD. BY LOCAL REG. 1-20-59
26. REGISTRAR'S SIGNATURE Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 8 1959

## 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 Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Groton, Mo.

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.