

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006939
State File No.

2 1132
Registrar's No.

FILED FEB 17 1959

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 2 1132	
1. PLACE OF DEATH a. COUNTY St. Mary's Infirmary				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Arkansas b. COUNTY Holly Groves			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Holly Groves			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary				d. STREET ADDRESS (If rural, give location) 1536 Papin			
3. NAME OF DECEASED (Type or Print) a. (First) Millie		b. (Middle)		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1959	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 10, 1886		9. AGE (In years, ¹² months, ¹² days) 72 yrs. 2 19	
10a. USUAL OCCUPATION (Give kind of work done for the most of time (If, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homekeeper		11. BIRTHPLACE (City and State or Foreign Country) Holly Groves, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Sanders Mayo		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Sam 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. 430-74-5553		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sandra Sands 2821 Stoddard			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Glomerular Nephritis			INTERVAL BETWEEN ONSET AND DEATH Unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 593x				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis			Unknown
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-26 , 19 59 , to 1-29 , 19 59 , that I last saw the deceased alive on 1-29 , 19 59 , and that death occurred at 7:20 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE M.E. Smith, M.D. (Degree or title)				23b. ADDRESS 11 N. Jefferson St. Harris		23c. DATE SIGNED 1-30-59	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-3-1959	24c. NAME OF CEMETERY OR CREMATOR Mayo Cemetery		24d. LOCATION (City, town, or county) (State) Holly Groves, Arkansas		
DATE REC'D BY LOCAL OFFICE FEB 2 1959		REGISTRAR'S SIGNATURE Paul Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G.W. Bruce 4469 Washinton			

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

300

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
Student Embalmer

Signed *Frederick A. Stark*

Licensed Embalmer No. *4599*

P. O. Address *St. Louis*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.