

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20976

FILED JUL 13 1950

State File No. \_\_\_\_\_  
Registrar's No. 16

BIRTH NO. _____		REG. DIST. NO. <u>225</u>		PRIMARY REG. DIST. NO. <u>5797</u> <del>4335</del>		State File No. _____		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, Willow Fork</u>		c. LENGTH OF STAY (In this place) <u>most of life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Willow Fork</u> <u>0680</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>3 1/2 Miles North Tipton</u>				d. STREET ADDRESS (If rural, give location) <u>3 1/2 Miles North Tipton</u> <u>0</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7/1/50</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>8/19/1863</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Hugh Brown</u>			13b. MOTHER'S MAIDEN NAME <u>No record</u>			14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		18. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frank Fewel, Clarksburg, Mo</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Deficiency</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>Senility</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH  <u>4570</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 19 <u>40</u> , to <u>June</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June, 15</u> , 19 <u>50</u> , and that death occurred at <u>8:15A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>L. J. Potts M.D.</u> (Degree or title)				23b. ADDRESS <u>Tipton Mo</u>				23c. DATE SIGNED <u>7-1-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/3/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>L.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tipton, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>July 4, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Maudie Hudson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. P. Richard</u>		ADDRESS <u>Tipton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED** 7/2/58  
DISTRICT HEALTH OFFICE No. 3  
District File Number .....  
Date Filed 7/2/58

**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, CCW

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed James E. Richards  
Licensed Embalmer No. 2466  
P. O. Address Tipton ,

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