

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5488

BIRTH NO. _____		REG. DIST. NO. <u>219</u>		PRIMARY REG. DIST. NO. <u>2292</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> c. LENGTH OF STAY (If in this place) <u>16 Months</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnett, Mo Rt #1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> d. STREET ADDRESS (If rural, give location) <u>Barnett, Mo Rt #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>18</u> (Year) <u>1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 9, 1904</u>		9. AGE (In years last birthday) <u>45</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u> Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter on Railroad</u>				10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wilson Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Rosie E. Mayfield</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Yes</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie J. Brown Barnett nee R.L.</u>		ADDRESS <u></u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1977</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>				20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT * SUICIDE * HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) <u></u> (COUNTY) <u></u> (STATE) <u></u>		21f. HOW DID INJURY OCCUR? <u></u>	
21d. TIME OF INJURY (Month) <u></u> (Day) <u></u> (Year) <u></u> (Hour) <u></u> (Min) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>June 16, 1949</u> to <u>Feb 18, 1950</u> , that I last saw the deceased alive on <u>Feb 17, 1950</u> , and that death occurred at <u>10/15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Kenyon Latham M.D.</u> (Degree or title)				23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>2-20-50</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/20/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) <u>California, Mo</u> (State) <u></u>	
DATE REC'D BY LOCAL REG. <u>2/20/50</u>		REGISTRAR'S SIGNATURE <u>C. H. Nail</u> 198		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl R. Bouslin</u> ADDRESS <u>California Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 25 1950
District Health Officer No. 9,
District File Number
OCT 6 1950
1951
MAR 12 1951

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 Earl R. Bonelin

Licensed Embalmer No. 2126

P. O. Address California

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.