

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JUL 1 - 1952

REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3052 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond		c. CITY (If outside corporate limits, write RURAL and give township) Richmond	
c. LENGTH OF STAY (In this place) 15 years		d. STREET ADDRESS (If rural, give location) 104 Henry Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 104 Henry Street			

3. NAME OF DECEASED a. (First) ADDISON b. (Middle) BROWN c. (Last) BROWN			4. DATE OF DEATH (Month) (Day) (Year) June 20, 1952		
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH October 16, 1870-81	9. AGE (In years last birthday) 81	10. IF UNDER 1 YEAR (Specify) 8-4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired coal miner			11. BIRTHPLACE (City and State or Foreign Country) Richmond, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Scott Brown	13b. MOTHER'S MAIDEN NAME Nancy Brown	14. NAME OF HUSBAND OR WIFE Wannie (Carey) Brown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 487-12-2460	17. INFORMANT'S SIGNATURE OR NAME Allen Brown, Richmond, Missouri	ADDRESS Richmond, Missouri
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute dilatation		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis		
	DUE TO (c) "		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 450°	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-1-**, 19**52**, that I last saw the deceased alive on **June 20, 1952**, and that death occurred at **4:30** A.M., from the cause and on the date stated above.

23a. SIGNATURE E. G. Gay M.D.	(Degree or title)	23b. ADDRESS Richmond	23c. DATE SIGNED 6-21-52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6-22-1952	24c. NAME OF CEMETERY OR CREMATORY Sunny Slope	24d. LOCATION (City, town, or county) (State) Richmond, Missouri
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DATE REC'D BY LOCAL REG. June 23-1952	REGISTRAR'S SIGNATURE Malcol Jackson	25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter	ADDRESS Richmond, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

891

23

1957
4501 4 106

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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 this body is not embalmed, fact should be so stated above.