

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006735

STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 296 Primary Registration District No. 6018 Registrar's No. 6

300
-57

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, give TOWNSHIP only) Fishing River		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Excelsior Springs 0840 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Miles S.E. Ex. Spgs All Life		Length of stay in lb	d. STREET ADDRESS (If outside, give location) R.F.D. 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mary Middle Cummings Last Brown			4. DATE OF DEATH Month Feb. Day 18, Year 1959	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 23, 1859	9. AGE (In years last birthday) 99	10. FUNDING YEAR Months 2 Days 25	11. IF UNDER 24 HRS. Hours 2 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY XXXX	11. BIRTHPLACE (City and state or country) Ray County, MO. c	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Mark Hardin Wyman	13b. MOTHER'S MAIDEN NAME Adelia T. Nowlin	14. NAME OF HUSBAND OR WIFE Wm. Thomas Brown (Deceased)
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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. No.	17. INFORMANT Mrs. Lige McAfee, R.F.D. 2, Ex. Spgs. MO.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA Uterus		INTERVAL BETWEEN ONSET AND DEATH NO
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) _____
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____
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21. I attended the deceased from Death occurred at FANI-1459 on 2-18-59 and last saw her alive on 2-18-59 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title)	22b. ADDRESS [Address]	22c. DATE SIGNED Feb. 19, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 20, 1959	23c. NAME OF CEMETERY OR CREMATORY Pisgah Cametery	23d. LOCATION (City, town, or county) (State) Ray County, MO.
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24. FUNERAL DIRECTOR Siegel Hope ADDRESS Excelsior Springs, Mo.	25. DATE RECD. BY LOCAL REG. 2-19-59	26. REGISTRAR'S SIGNATURE Margaret Dickey
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(Licensee's Embowling's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Chas. Virgil Hope*

Licensed Embalmer No. *3950*

P. O. Address. *Ex. 149, N. M.*

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.