

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5824

BIRTH NO. _____		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 3037		Registrar's No. 15		
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) OR TOWN Richmond		c. LENGTH OF STAY (in this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond				
d. FULL NAME OF HOSPITAL OR INSTITUTION 221 North Camden				d. STREET ADDRESS (If rural, give location) 221 North Camden				
3. NAME OF DECEASED (Type or Print) a. (First) ROSA			b. (Middle) LEE		c. (Last) BROWN		4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH July 10, 1879	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 6	IF UNDER 6 HRS. Days 29 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ray County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Frank Graham		13b. MOTHER'S MAIDEN NAME Emma Weber		14. NAME OF HUSBAND OR WIFE James A. Brown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME James A. Brown		ADDRESS Richmond, Missouri		
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Poisoning				Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis				3 days
DUE TO (c) Hypertension				Chronic Nephritis				5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								10 yrs.
								4 yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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) m.		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 July 5, 1949, to Feb 9, 1949 that I last saw the deceased alive on Feb 9, 1949, and that death occurred at 11:50 a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Dr. E. J. Keram AB DO				23b. ADDRESS Richmond, Mo.		23c. DATE SIGNED Feb. 11, 1949		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 11, 1949	24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery		24d. LOCATION (City, town, or county) (State) Richmond, Missouri			
DATE REC'D BY LOCAL REG. Feb. 12, 1949		REGISTRAR'S SIGNATURE Malcol Jackson 298		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thurnard Funeral Home Richmond, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

District Health Officer No. 8,

District File Number 249-

Date Filed 2-18-49

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, ~~XXXX~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Signed William L. Thurman

Signed.....
Student Embalmer

Licensed Embalmer No. 4563

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.