

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20292

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3043 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>MISSISSIPPI</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHARLESTON</u> c. LENGTH OF STAY (in this place) <u>1</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>411 JOHNSON ST.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MISSISSIPPI</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHARLESTON</u> d. STREET ADDRESS (If rural, give location) <u>411 JOHNSON ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>FRED</u> c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-2-49</u>	
5. SEX <u>U</u> <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>JUNE 17 1888</u>
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>CLARK BROWN</u>		13b. MOTHER'S MAIDEN NAME <u>(NOT KNOWN)</u>	
14. NAME OF HUSBAND OR WIFE <u>BEULAH BROWN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WORLD WAR I</u>	
16. SOCIAL SECURITY NO. <u>NOT KNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS BEULAH BROWN</u> <u>CHARLESTON MO</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular Fibrillation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. myocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chr. Nephritis</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, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>DIK1</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
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 <u>on 6/1</u> , 19 <u>49</u> , to _____, 19____, that I last saw the deceased alive on <u>6/1</u> , 19 <u>49</u> , and that death occurred at <u>11:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. Charles Fleming M.D.</u>		23b. ADDRESS <u>Charleston Mo</u>	
23c. DATE SIGNED <u>6/8/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>6-4-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE</u>	
24d. LOCATION (City, town, or county) (State) <u>CHARLESTON, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>1912 Bondurant St. J. H. Sommele, Charleston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 11-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. H. Sommele</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

67
2

RECEIVED

District Health Office No. 24

District File Number 649-610

Date Filed 6-15-49

JUL 14 1949

6496102

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.

Signed Edward E. Munnell

Signed _____
Student Embalmer

Licensed Embalmer No. 7164

P. O. Address Charleston, W.V.

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.