

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34559**

BIRTH NO. **166229-49** REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **246**

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Iowa</b> b. COUNTY <b>Taylor</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Maryville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Blockton</b>	
c. LENGTH OF STAY (In this place) <b>3 days</b>		d. STREET ADDRESS (If rural, give location) <b>2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Gary</b> b. (Middle) <b>Lavern</b> c. (Last) <b>Brown</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 11, 1949</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>Oct. 10, 1949</b>	9. AGE (In years last birthday) <b>30 yrs</b>	IF UNDER 1 YEAR Months <b>30</b> Days <b>hrs</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S</b>					

13a. FATHER'S NAME <b>Lavern Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Anabelle Campbell</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lavern Brown Blockton Ia</b> ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>36 hrs</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature death 6 1/2 months not visible</b>		ANTECEDENT CAUSES <b>None</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>None</b>			
		DUE TO (c) <b>None</b>			
II. OTHER SIGNIFICANT CONDITIONS <b>None</b>				<b>7/16 X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 **10-10**, 19**49**, to **10-11**, 19**49**, that I last saw the deceased alive on **10-10**, 19**49**, and that death occurred at **1P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>L. J. Jordan MD</b> (Degree or title)		23b. ADDRESS <b>Bedford, Ia.</b>		23c. DATE SIGNED <b>10-12-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/12/1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill</b>	
24d. LOCATION (City, town, or county) (State) <b>Blockton, Iowa</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank Williams</b> ADDRESS <b>Bedford</b>			
DATE REC'D BY LOCAL REG. <b>10-15-49</b>		REGISTRAR'S SIGNATURE <b>Blaise Holt</b>		229	

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



**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 Self

Student Embalmer No. ....

working under my personal supervision.

Signed

Frank Wetmore

Signed .....

Student Embalmer

Licensed Embalmer No. ....

4577

P. O. Address

Bedford Iowa

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.