No. 300
10.48

FILED JUN 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21114

BIRTH NO. _____ REG. DIST. NO. 972 PRIMARY REG. DIST. NO. 4403 Registrar's No. 24

180

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

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Steele
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Wood
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mineola 8420
d. STREET ADDRESS (If rural, give location): 108 West Beechmont 8

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Fred
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): 6-19-50

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 5-31-1929
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months 0 Days 18 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tanker Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mineola Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: J. G. Brown
13b. MOTHER'S MAIDEN NAME: Hazel Barr
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): War II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Ben Brown — ADDRESS: Henderson, Tex

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): (1) Cerebral Contusions (Multiple)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): (2) Fractured Cervical Spine
DUE TO (c): (3) Multiple Fractures Skull

INTERVAL BETWEEN ONSET AND DEATH: Immediate 23 11

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: 078
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): City Water Tank
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Steele Pemiscot Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 19, 1950 9:10 A. m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell off Scaffold inside City of Steele, Mo Water Tank

22. *I hereby certify that I attended the deceased from* Dead, 19 On *to* Arriva, 19 ___, *that I last saw the deceased alive on* 19 June, 1950, *and that death occurred at* A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Taylor, M.O.D.
23b. ADDRESS: Steele, Mo.
23c. DATE SIGNED: 19 June 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-20-50
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Henderson Texas

DATE REC'D BY LOCAL REG.: 6-20-50
REGISTRAR'S SIGNATURE: S. G. Robinson 249
25. FUNERAL DIRECTOR'S SIGNATURE: German Mkt Co — ADDRESS: Steele Mo

(Licensed Embalmer's Statement on Reverse Side)

6-50-161

JUL -5 1950

JUN 24 REC'D

PEMISCOT COUNTY HEALTH DEPART
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 John F. Gesman

Signed.....
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.