

FILED JAN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3468

State File No.

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Marshall Township		c. LENGTH OF STAY (in this place) 1 day	
d. FULL NAME OF HOSPITAL OR INSTITUTION M.O. Wyee R.R. Culvert E. Marshall		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arrow Rock	
		d. STREET ADDRESS (If rural, give location) Arrow Rock	

3. NAME OF DECEASED (Type or Print) Chris	a. (First)	b. (Middle) none	c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1951
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH August 12, 1893	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 6	IF UNDER 1 YEAR Days 9	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (State or foreign country) Arrow Rock, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Tom Brown	13b. MOTHER'S MAIDEN NAME Adline Cawil	14. NAME OF HUSBAND OR WIFE -----
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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) Yes W.W.1	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Willonna Triggs, Kansas City, Mo.	ADDRESS Kansas City, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Disease & Exposure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) While in Jail DUE TO (c) Had been sick II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Released from Jail 1-20-51 Came to his death Jan 21, about 2 pm		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **the death, Jan 22, 1951**, that I last saw the deceased alive on **Jan 19, 1951**, and that death occurred at **2:01 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE C. Paulus Croner (Degree or title) 3	23b. ADDRESS Saline Co. Marshall Mo.	23c. DATE SIGNED 1-24-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 26 / 51	24c. NAME OF CEMETERY OR CREMATORY Sappington Cemetery	24d. LOCATION (City, town, or county) (State) Saline County, Missouri
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DATE REC'D BY LOCAL REG. Jan 26-1951	REGISTRAR'S SIGNATURE Lidney J. Gray	385	25. GENERAL DIRECTOR'S SIGNATURE George D. Green	ADDRESS Marshall Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

970
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RECEIVED /-29-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 4-29-51

RECEIVED
FEB 29 1951

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 _____

working under my personal supervision.

Signed _____
Student Embalmer

Student Embalmer No. _____
Signed Margaret Green

Licensed Embalmer No. 4220

P. O. Address Bonhall

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.