

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1951  
71

FILED JUN 19 1951

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| BIRTH NO.   |  | REG. DIST. NO. 82  |  | PRIMARY REG. DIST. NO. 3017   |  | Registrar's No. 71   |  |
| 1. PLACE OF DEATH<br>a. COUNTRY Cooper  |  |  |  | 2. USUAL RESIDENCE (Whole township listed. If institution, residence before admission.)<br>a. STATE Mo b. COUNTY Cooper c. CITY (If outside corporate limits, write RURAL and give township) Boonville d. STREET ADDRESS Water St |  |  |  |
| 3. NAME OF DECEASED (Type or Print) Aaron   |  | a. (First) Hugo  |  | c. (Last) Brown   |  | 4. DATE OF DEATH (Month) (Day) (Year) June 10 1951                               |  |
| 5. SEX Male   |  | 6. COLOR OR RACE Negrob  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single  |  | 8. DATE OF BIRTH (last birthday) Dec 17 1903                                     |  |
| 9. AGE (In years last birthday) 47  |  | IF UNDER 1 YEAR Months Days Hours Min.   |  | 11. BIRTHPLACE (State or foreign country) Boonville Mo  |  | 12. CITIZEN OF WHAT COUNTRY U.S.A.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) La bore   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 13a. FATHER'S NAME Ley Brown  |  | 13b. MOTHER'S MAIDEN NAME Mary Hayes   |  |
| 14. NAME OF HUSBAND OR WIFE   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No  |  | 16. SOCIAL SECURITY NO. ?   |  | 17. INFORMANT'S SIGNATURE OR NAME Helen Brown ADDRESS Boonville 402 Water St     |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Skull<br>ANTECEDENT CAUSES Struck by rock<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 6983X |  |   |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Nonicide   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Alley   |  | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Boonville Cooper Mo   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 10 5:12 PM   |  | 21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR Hit by rock by Person   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>10:00 AM</u> to <u>10:15 AM</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 10</u> , 19 <u>51</u> , and that death occurred at <u>10:15 AM</u> , from the causes and on the date stated above. |  |  |  |   |  |  |  |
| 23a. SIGNATURE (Type or Print) M. L. Decker   |  |  |  | 23b. ADDRESS M. L. Decker Cooper Mo   |  | 23c. DATE SIGNED 6/11/51   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL  |  | 24b. DATE 6/12/51  |  | 24c. NAME OF CEMETERY OR CREMATORY City   |  | 24d. LOCATION (City, town, or county) (State) Boonville Mo                       |  |
| DATE REC'D BY LOCAL REG. 6-12-51  |  | REGISTRAR'S SIGNATURE M. L. Decker   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Street B. Parker Columbia Mo   |  |  |  |

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

RECEIVED 6-18-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 6-18-51

JUL 11 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.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 2900

P. O. Address \_\_\_\_\_

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.