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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21774

FILED JUN 22 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Prairie</u>	
c. LENGTH OF STAY (in this place) <u>10 hrs.</u>		0671	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Larry</u>	b. (Middle) <u>Gene</u>	c. (Last) <u>Brown</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 6, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>August 8, 1919</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>East Prairie, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>William R. Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Mildred Priest</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or type of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William R. Brown, East Prairie, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>11 hrs.</u> <u>68/27</u> <u>9/5</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basilar skull fracture</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cancer</u>		

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) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home, In yard</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>East Prairie Mississippi Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 5 51</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>accidentally run over by a car</u>
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22. I hereby certify that I attended the deceased from 4/5, 1951, to June 6, 1951, that I last saw the deceased alive on June 6, 1951, and that death occurred at 12:25 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. C. Culshaw</u>	23b. ADDRESS <u>Sikeston, Mo</u>	23c. DATE SIGNED <u>June 6 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-6-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W.O.W. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>East Prairie, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 15-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Pravis Shelby</u>	ADDRESS <u>East Prairie, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 22 1951

RECEIVED JUN 18 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 651-18

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.

Student
Student Embalmer

Signed *Travis Shelby*.....

Licensed Embalmer No. *272*.....

P. O. Address *East Prairie, Mo.*.....

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.