

FILED MAR 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4153

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hulton</u> c. LENGTH OF STAY (in this place) <u>14 10m/64</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Frankford</u> <u>0820</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED a. (First) <u>CHARLES</u> b. (Middle) <u>M</u> c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27 1952</u>
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>	8. DATE OF BIRTH <u>1924</u> <u>Oct 22 1924</u>
9. AGE (In years, Months, Days) <u>27</u> <u>4</u> <u>5</u>		10. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Pike Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Charles Brown</u>	
13b. MOTHER'S MAIDEN NAME <u>Caroline Wallet</u>		14. NAME OF HUSBAND OR WIFE <u>Geneva Ballston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>dk</u> (If yes, give war or dates of service) <u>dk</u>		16. SOCIAL SECURITY NO. <u>dk</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>State Hos records Hulton Mo</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b) and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. If means the disease (injury or complication) which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>senile psychosis simple type</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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		304X	
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 <u>2-25, 1952</u> to <u>2-27, 1952</u> , that I last saw the deceased alive on <u>2-26, 1952</u> and that death occurred at <u>7:45 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>JR Hunter Mo</u> (Degree or title) _____		23b. ADDRESS <u>State Hos Hulton Mo</u>	
23c. DATE SIGNED <u>2-27-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 29 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Barkley cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New London Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 27 1952</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>425-00</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home Hulton Mo</u> ADDRESS _____			

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

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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 William C. Treese

Licensed Embalmer No. 4870

P., O. Address Fullton 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Pike } ss.

State File No. 4153
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19th day of March, 1952, 1952, before me appears _____
Geneva Brown, who, upon her oath, states that the original record of ^{birth}~~death~~
for Charles Brown ^{died}_{born} February 27, 1952 in the State of
Missouri, and which was filed at Fulton Missouri on 2/29, 1952, should be corrected as follows:

Item No. 8 should read October 22, 1884

Instead of October 22, 1887

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Geneva Brown wife
Relationship.

Frankford, Mo
Present Address.

Subscribed and sworn to before me this 19th day of March, 1952, 1952.

My Commission expires 3/10, 1954 C. E. Intimer Notary Public.

1952