

FILED NOV 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39686

State File No.

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 570d Registrar's No. 4

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Hale, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hale, Mo., 4th	
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm 4 1/2 Miles North Hale.		d. STREET ADDRESS (If rural, give location) North 4th street.	
3. NAME OF DECEASED (Type or Print) a. (First) HARRY		b. (Middle) WEAVER	
c. (Last) BROWN		4. DATE OF DEATH (Month) (Day) (Year) Nov. 12th, 1953	
5. SEX M	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 19, 1893
9. AGE (In years) (Months) (Days) (Hours) (Mins.) 60 3 23		11. BIRTHPLACE (State or foreign country) Livingston Co. Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Laborer		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME J. Robert Brown	
13b. MOTHER'S MAIDEN NAME Nollie Ballew,		14. NAME OF HUSBAND OR WIFE Ola May (Brame) Brown.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 493-18-2181	
17. INFORMANT'S SIGNATURE OR NAME Mrs Ola May Brown, Hale, Missouri		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Contusion W. heart & lungs		INTERVAL BETWEEN ONSET AND DEATH Instant	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 E9121	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Osage Livingston, Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 12 5:30 PM		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Tractor Turned over - lower chest		22. I hereby certify that I attended the deceased from Nov 12 , 19 53 , to Nov 12 , 19 53 , that I last saw the deceased alive on Nov. 12, 1953 , and that death occurred at 2:30 PM from the causes and on the date stated above.	
23. SIGNATURE (Degree or title) Joseph C. Conrad M.D. (Coroner)		23b. ADDRESS Clifford W. Austin, Mo	
23c. DATE SIGNED 11/14/1953		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11/14th, 1953		24c. NAME OF CEMETERY OR CREMATORY Hale Cemetery	
24d. LOCATION (City, town, or county) (State) Hale, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Clifford W. Austin, Tina, Mo.	
DATE REC'D BY LOCAL REG. 11-14-53		REGISTRAR'S SIGNATURE Frances B. Neill	

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

SECRET

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.....

Clifford W. Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.