

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14905**

BIRTH NO. _____		REG. DIST. NO. 38	PRIMARY REG. DIST. NO. 5122	Registrar's No. 139
1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, write RURAL and give town) Browns Station		c. CITY (If outside corporate limits, write RURAL and give township) Browns Station		
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1 Rocky Fork Trwp		d. STREET ADDRESS (If rural, give location) Route 1		
3. NAME OF DECEASED (Type or Print) a. (First) Lee		b. (Middle) Brown		c. (Last) _____
4. DATE OF DEATH May 12, 1954		5. SEX Male		
6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 17, 1871
9. AGE (In years last birthday) 82		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Boone County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Edd Brown		13b. MOTHER'S MAIDEN NAME Mariah Wilson		14. NAME OF HUSBAND OR WIFE Nancy Flynn Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Victor Brown, Browns Station, Mo.
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) Inanition		INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arterio-Sclerotic Heart Disease		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death. Senescence		19a. DATE OF OPERATION _____		
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 March 14, 1954 , to May 1, 1954 , that I last saw the deceased alive on May 1, 1954 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Reiland L. Wiggins, M.D.		23b. ADDRESS 201 North 3rd St. Columbia, Mo		23c. DATE SIGNED May 13, 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 15, 1954		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery
24d. LOCATION (City, town, or county) _____ (State) _____		24e. LOCATION (City, town, or county) Boone County, Missouri.		
DATE REC'D BY LOCAL REG. May 15 1954		REGISTRAR'S SIGNATURE Mrs R E Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Victor Brown
ADDRESS _____		ADDRESS Brown-Freeman Funeral Home, Columbia, Mo		

(Licensed Embalmer's Statement on Reverse Side)

Victor Brown

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

No. 300
10. 28

0100

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 Tom McHarg

Licensed Embalmer No. 21067

P. O. Address Blount Co. 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.