

STANDARD CERTIFICATE OF DEATH

23531 State File No.

5638
4267

Registrar's No.

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

540

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>4267</u>		Registrar's No. _____							
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>)									
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Sniabar Twms.</u>)		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION				a. STREET ADDRESS (If rural, give location) <u>3 Mile West of Odessa</u>									
3. NAME OF DECEASED a. (First) <u>Charley</u> (Type or Print)			b. (Middle) <u>Walter</u>		c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 9, 1954</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>SINGLE</u> DIVORCED (Specify)		8. DATE OF BIRTH <u>May 18, 1887</u>		9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Lafayette Co. Mo.</u>				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>David U. Brown</u>				13b. MOTHER'S MAIDEN NAME <u>Harrietta Hopkins</u>				14. NAME OF HUSBAND OR WIFE <u>None</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elizabeth Eagen, Independence Mo.</u>				ADDRESS			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:</u> DUE TO (b) <u>Myocarditis Ch.</u> DUE TO (c) <u>Endocarditis Ch.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								INTERVAL BETWEEN ONSET AND DEATH			
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) (Min.)		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>April 1, 1950</u> , to <u>July 9, 1954</u> , that I last saw the deceased alive on <u>July 7, 1954</u> , and that death occurred at <u>4:00 a. m.</u> , from the causes and on the date stated above.													
23a. SIGNATURE <u>[Signature]</u> (Degree of title)				23b. ADDRESS <u>[Address]</u>				23c. DATE SIGNED <u>July 9, 1954</u>					
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 11, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bates City Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Bates City, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>July 10, 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Husman-Sparks Odessa, Mo.</u>							

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.....
Signature of Student Embalmer

Signed *William T. Sparks*

Licensed Embalmer No. # 41

P. O. Address *Odessa*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.