

FILED NOV 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34489**

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

BIRTH NO. _____		REG. DIST. NO. 383		PRIMARY REG. DIST. NO. 5655		Registrar's No. 12			
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard					
b. CITY (If outside corporate limits, write RURAL and give town) Mt. Vernon		c. LENGTH OF STAY (in this place) 90 days		c. CITY OR TOWN Fayette		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. State Sanatorium				STREET ADDRESS (If rural, give location) New Addition					
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) W.		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) Nov. 2, 1954		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 3, 1872		9. AGE (in years last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Unknown		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Maggie Brown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS San. records, Mo. State San., Mt. Vernon, Mo.				
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) Bronchogenic carcinoma, right lung c metastasis to myocardium, spleen, both kidneys ANTECEDENT CAUSES metastasis to myocardium, spleen, both kidneys Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) kidneys DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. pulmonary tuberculosis						INTERVAL BETWEEN ONSET AND DEATH about 1 yr. approx. 1 yr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		162 X A			
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 Aug. 4, 1954 , to Nov. 2, 1954 , that I last saw the deceased alive on Nov. 2, 1954 , and that death occurred at 7:45 pm. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) U. Brusler M.D.				23b. ADDRESS Mt. Vernon, Mo.			23c. DATE SIGNED 11-3-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-3-54		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Fayette, Mo.			
DATE REC'D BY LOCAL REG. 11-3-54		REGISTRAR'S SIGNATURE Cecil Henderson			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Max K. Forest Mt. Vernon, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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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.....
Signature of Student Embalmer

Signed *Max F. Forrester*

Licensed Embalmer No. *125*

P. O. Address *W. W. W. W.*

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.