

STANDARD CERTIFICATE OF DEATH

State File No. 12557FILED MAY 2 1955 REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 507

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. CITY OR TOWN <u>Summer</u>	
c. LENGTH OF STAY (in this place)		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>		STREET ADDRESS (If rural, give location) <u>0219</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES William</u> b. (Middle) c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 22-55</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>JAN. 21-1868</u>		9. AGE (In years last birthday) <u>87</u>		10. IF UNDER 1 YEAR Months Days <u>3 1</u>	
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 <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Gardner</u>	
14. NAME OF HUSBAND OR WIFE <u>JANNIE BROWN</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. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs JANNIE BROWN</u>		ADDRESS <u>Summer Mo</u>			

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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>arteriosclerosis</u>		<u>15 yrs?</u>	
		DUE TO (c) <u>Hypertension</u>		<u>15 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>First Cerebral Hemorrhage in 1942</u>			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		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) <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 18, 1955</u> , to <u>April 22, 1955</u> , that I last saw the deceased alive on <u>April 22, 1955</u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W.S. Simpson M.D.</u>			23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>4/24/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/24/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harcode</u>	
24d. LOCATION (City, town, or county) (State) <u>Summer Mo</u>		DATE REC'D BY LOCAL REG. <u>4/24/55</u>		REGISTRAR'S SIGNATURE <u>Walter Brown</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D. A. Shepard</u>		ADDRESS <u>Sumner 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.....
J. L. Leonard

Licensed Embalmer No.....
397

P. O. Address.....
Mendon

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.