

FILED JUN 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. 17453

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 54

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

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural (Liberty)		c. CITY (If outside corporate limits, write RURAL and give township) Rural (Liberty) 10300	
c. LENGTH OF STAY (In this place) 6 mos.		d. STREET ADDRESS (If rural, give location) R. F. D. #1, Dexter, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Burette c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) June 5, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 16, 1919	9. AGE (In years last birthday) 36	10. MONTH 11 DAY 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Rudolph, Ohio /	
13a. FATHER'S NAME Arthur Brown		13b. MOTHER'S MAIDEN NAME Hilda Flowers		14. NAME OF HUSBAND OR WIFE Rosa Brown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W.II		16. SOCIAL SECURITY NO. 274-14-7217		17. INFORMANT'S SIGNATURE OR NAME Mrs. Rosa Brown, R. 1, Dexter, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH Hours	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Past history of enlarged heart	
DUE TO (c)		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) 931X	
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 6-5, 1955 to 6-5, 1955, that I last saw the deceased alive on June 5, 1955 and that death occurred at 1:50 Pm, from the causes and on the date stated above.

23a. SIGNATURE R. Brown M.D. (Degree or title)		23b. ADDRESS Dexter Mo		23c. DATE SIGNED 6/6/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-7-55		24c. NAME OF CEMETERY OR CREMATORY Winston	
24d. LOCATION (City, town, or county) (State) North Baltimore, Ohio					

DATE REC'D BY LOCAL REG. 6-10-55		REGISTRAR'S SIGNATURE Velma J. Jenkins 1409		25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey ADDRESS Dexter, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

9981 0 T HDT

AUG 23 1968

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 _____

Lucille Ramsey
working under my personal supervision.

Student Embalmer No. *508*

Student *Lucille Ramsey*
Student Embalmer

Signed *J. Stuebel*
Licensed Embalmer No. *3479*

P. O. Address *West, Ill.*

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.