

FILED JUL 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20980

State File No.

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> <u>0043</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Mexico</u> <u>0</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County</u>		STREET ADDRESS (If rural, give location) <u>1013 South Muldrow</u>	
3. NAME OF DECEASED a. (First) <u>Robert</u> b. (Middle) <u>Everett</u> c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 23, 1881</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months	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 <u>Farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Pike County, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. R. Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Jane E. Sesson</u>	
14. NAME OF HUSBAND OR WIFE <u>Myrtle Brown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maude Brown</u> ADDRESS <u>Mexico, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u>		ANTECEDENT CAUSES		<u>18 hrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>3 day</u>	
DUE TO (b) <u>Telic thrombophlebitis</u>		DUE TO (c)		<u>464X</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing 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)		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 Mar 31, 1954, to July 22, 1955, that I last saw the deceased alive on July 22, 1955, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>William J. D... 0</u>		(Degree or title)		23b. ADDRESS <u>1120 Clark Mexico Mo</u>		23c. DATE SIGNED <u>7/23/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 24-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 23-1955</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Preston Funeral Home</u>		ADDRESS <u>Mexico Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *Ralph L. Hueston*

Licensed Embalmer No. *468*

P. O. Address *Mexico*

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.