

FILED AUG 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28740

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jones	
b. CITY (If outside corporate limits, write RURAL and give township) Nevada		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Ewing	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Hosnital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or Print)		a. (First) Wayne		b. (Middle) Leonard		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) July 28 1955	
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5. SEX M		6. COLOR OR RACE C Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 24, 1936		9. AGE (In years last birthday) 19 if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and State or Foreign Country) Ewing, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Harold Brown		13b. MOTHER'S MAIDEN NAME Lucille Decker		14. NAME OF HUSBAND OR WIFE -----	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-38-1406		17. INFORMANT'S SIGNATURE OR NAME Harold D. Brown		ADDRESS Ewing, Missouri	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 75 hrs	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral injury, probable bacilar skull fracture					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 81.94 Being performing thru rt. base supra pubic wound - multiple fractures of pelvis					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION complete disrupcion of bladder neck + disrupcion of abdominal + thigh muscles		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT OR SUICIDE accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bridge 5 miles North of Nevada Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Vernon Mo	
21d. TIME OF INJURY July 27 1955 2:57		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? auto struck bridge	

22. I hereby certify that I attended the deceased from **July 27, 1955**, to **July 28, 1955**, that I last saw the deceased alive on **July 28, 1955**, and that death occurred at **10:20am.**, from the causes and on the date stated above.

23a. SIGNATURE Carner J. Brown MD		(Degree or title) (1)		23b. ADDRESS Nevada Mo		23c. DATE SIGNED July 30 1955	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 28, 1955		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or County) (State) Ewing Missouri	
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DATE REC'D BY LOCAL REG. 8-9-55		REGISTRAR'S SIGNATURE Armed & Ferry		25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home		ADDRESS Nevada, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 3 1956

OCT 3 1956

STATEMENT BY LICENSED EMBALMER

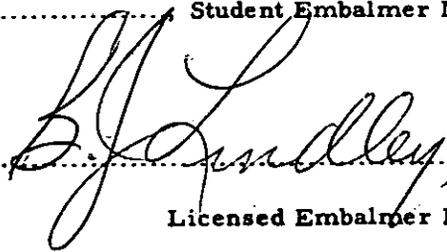
I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....



Licensed Embalmer No..... 48

P. O. Address Nevada, Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E 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.