

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 27 1956

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY Cole

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)
a. STATE California b. COUNTY Santa Clara

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN JEFFERSON CITY

c. LENGTH OF STAY (in this place)
1 Week

c. CITY OR TOWN San Jose
d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION
Missouri Prison

e. STREET ADDRESS (If rural, give location)
2942 Edison Dr 80408

3. NAME OF DECEASED
a. (First) ARTHUR b. (Middle) ROSS c. (Last) BROWN

4. DATE OF DEATH
(Month) (Day) (Year)
FEB. 27, 1956

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH
Sept. 29, 1925

9. AGE (In years last birthday) 30
IF UNDER 1 YEAR: Months 4 Days 18
IF UNDER 24 HRS.: Hours 18 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Crane Operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)
San Francisco, Calif

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
WILLIS BROWN

13b. MOTHER'S MAIDEN NAME
MARY TANNER

14. NAME OF HUSBAND OR WIFE
JEANNE PHILLIPS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
MRS. MARY BROWN-SAN FRANCISCO

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)
Legal Execution - Cyanide Gas
ANTECEDENT CAUSES
Morbidity 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.
985X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Feb 24, 1956, and that death occurred at 1:01 P.M., from the causes and on the date stated above.

23a. SIGNATURE
[Signature]

(Degree or title) 23b. ADDRESS
Missouri Prison Physician

23c. DATE SIGNED
2-25-56

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
2/27/56

24c. NAME OF CEMETERY OR CREMATORY
Holy Cross

24d. LOCATION (City, town, or county) (State)
San Francisco, Calif.

DATE REC'D BY LOCAL REG.
24 Feb 1956

REGISTRAR'S SIGNATURE
R. P. Dorris MD-MR

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Sylvester Dulle J. C. MOY

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD.

APR 5 1956

FEB 29 1956

FEB 27 1956

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.....
Sylvester Quill

Licensed Embalmer No. 4321

P. O. Address *Jefferson City*

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.