

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

28028

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 314

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). - a. STATE <u>Missouri</u> - b. COUNTY <u>Shannon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Francois Twp.</u>		c. LENGTH OF STAY (In this place) <u>13y, 5m, 15d</u>	c. CITY OR TOWN <u>Eminence</u>		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>Mo. State Hospital #4</u>			e. STREET ADDRESS (If rural, give location) <u>10101</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>GEORGE</u>	b. (Middle)	c. (Last) <u>BROWN</u>	(Month) <u>Aug.</u>	(Day) <u>30</u>	(Year) <u>1956</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>unknown</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>- -</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Eminence, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Helm</u>	14. NAME OF HUSBAND OR WIFE <u>- - -</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records, State Hosp.#4, Farmington, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary thrombosis - - - - -</u>		<u>4 hours.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure - - - - -</u> DUE TO (c) <u>Arteriosclerotic Heart Disease - - -</u>		<u>2 wks.</u> <u>Unknown.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mental deficiency.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 12-12, 1953, to 8-30, 1956, that I last saw the deceased alive on 8-30, 1956, and that death occurred at 12:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John L. Brennan M.D.</u>	23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	23c. DATE SIGNED <u>8-30-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 1, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Muncel Chapel, Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Eminence, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 30, 1956</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home, Mountain View, Mo.</u>	ADDRESS
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No. 300
10-48

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

89

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... *Bert J. Miller*
Licensed Embalmer No. *375*
P. O. Address *Farmington*

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.