

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31661**

FILED SEP 25 1956

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **4409** Registrar's No. **170**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) Newburg	c. LENGTH OF STAY (in this place) 65 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Newburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 8810	

3. NAME OF DECEASED (Type or Print) JOHN JACOB BROWN	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept 19 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 6 - 1877	9. AGE (In years less birthday) 79	IF UNDER 1 YEAR Months 0	IF UNDER 1 YEAR Days 13	IF UNDER 24 HRS. Hours 0	IF UNDER 24 HRS. Min. 0
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Wrecking Crew	10b. KIND OF BUSINESS OR INDUSTRY Railroad Repair	11. BIRTH PLACE (City and State or Foreign Country) Levon County, Mo.	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME John Jacob Brown	13b. MOTHER'S MAIDEN NAME Anna ?	14. NAME OF HUSBAND OR WIFE Dora Brown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 498-12-1066	17. INFORMANT'S SIGNATURE OR NAME Woodrow Brown	ADDRESS Newburg, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 18 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Cardio-vascular-renal disease		10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) Nephritis, arteriosclerosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 4424
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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
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22. I hereby certify that I attended the deceased from **June 16, 1954**, to **Sept 19, 1956**, that I last saw the deceased alive on **Sept 18, 1956**, and that death occurred at **p m.**, from the causes and on the date stated above.

23a. SIGNATURE Richard E. Myers D.D.	(Degree or title)	23b. ADDRESS Newburg Mo	23c. DATE SIGNED Sept 21 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 22-56	24c. NAME OF CEMETERY OR CREMATORY Newburg	24d. LOCATION (City, town, or county) (State) Newburg Mo
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DATE REC'D BY LOCAL REG. Sept 21 1956	REGISTRAR'S SIGNATURE Nadine L Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Lee Johnson	ADDRESS Newburg Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

380

RECEIVED

Phelps County Health Officer,

County File Number 526

Date Filed SEP 24 1957

1071

JAN 4 1963

DEC 17 1982

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
Student Embalmer

Signed: Lee Johnson
Licensed Embalmer No. 8392

P. O. Address Newburg Mo

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.