

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33086**

FILED NOV 13 1956

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **4031** Registrar's No. **154**

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| 1. PLACE OF DEATH a. COUNTY Bates | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Adrian | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN Adrian | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | • STREET ADDRESS (If rural, give location) 0070 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Adam c. (Last) Brown | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 4 1956 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH June 15, 1867 | 9. AGE (In years last birthday) 89 | IF UNDER 1 YEAR Months 4 Days 19 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Vermillion Co. Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME David H. Brown | 13b. MOTHER'S MAIDEN NAME Malinda Gundy | 14. NAME OF HUSBAND OR WIFE None |
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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. 2 | 17. INFORMANT'S SIGNATURE OR NAME Family Record. | ADDRESS |
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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 1 month |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic Heart | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) age DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H20.0 | | | |

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| 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) |
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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 **Oct. 1, 1956** to **Nov. 4, 1956**, that I last saw the deceased alive on **Nov. 4, 1956** and that death occurred at **10:15 A.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) E. E. Robinson M.D. | 23b. ADDRESS Adrian, Mo. | 23c. DATE SIGNED Nov. 4-56 |
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|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11-7-56 | 24c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cem. | 24d. LOCATION (City, town, or county) (State) Adrian Mo. |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Nov. 6-56 Kendall Korney | 25. FUNERAL DIRECTOR'S SIGNATURE Funeral Service Adrian Mo | ADDRESS |
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(Licensed Embalmer's Statement on Reverse Side)

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

17 →

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..... 

Licensed Embalmer No. 3650.....

P. O. Address Adrian No.....

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.