

FILED MAY 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH57 0177886  
STATE FILE NUMBERRegistration District No. 383 Primary Registration District No. 3037 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Vernon</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Mt. Vernon</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home Mt. Vernon</u> Length of stay in lb <u>Life</u>		d. STREET ADDRESS <u>626 E. South Street</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Walter</u> First <u>W.</u> Middle <u>Brown</u> Last		4. DATE OF DEATH <u>May-14-1957</u> Month <u>May</u> Day <u>14</u> Year <u>1957</u>	
5. SEX <u>Male</u> <input type="checkbox"/> <input checked="" type="checkbox"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May-15-1900</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodial Worker</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>M.O. State San</u>	9c. AGE (In years last birthday) <u>56</u> IF UNDER 1 YEAR: Months <u>11</u> Days <u>30</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) <u>Mt. Vernon - Missouri</u>
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Ed. Brown - Lawrence Co. Mo.</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth M. Roberts - Lawrence Co.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>NONE</u>		16. SOCIAL SECURITY NO. <u>564-28-6664</u>	17. INFORMANT <u>Mrs. Flora Brown - Mt. Vernon, Mo.</u> Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Accident (Cerebral Hemorrhage)</u> DUE TO (c) <u>Unknown</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>331X</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY <u>Hour</u> <u>Month, Day, Year</u> a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>May 16 1957</u> to <u>May 16 1957</u> and last saw him alive on <u>May 16 1957</u> Death occurred at <u>5:45</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Donald E. George DO</u>		22b. ADDRESS <u>Mt. Vernon, Missouri</u>	22c. DATE SIGNED <u>May-16-1957</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>May-17-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>8. Mi. N. Mt. Vernon - Missouri</u>
24. FUNERAL DIRECTOR <u>H.D. Fossett - Mt. Vernon, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>5-18-57</u>	26. REGISTRAR'S SIGNATURE <u>Carl Hendricks</u>

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed W. H. Lockett.....

Licensed Embalmer No. 226

P. O. Address Mt Vernon

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.