

Health, Welfare, Public Service

300 -56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 10 1957

18290  
STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 6010 Registrar's No. 123

|  |                               |   |   |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <i>Randolph</i>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits<br>OR TOWN <i>Sugar Creek</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                               | c. CITY OR TOWN <i>Moberly</i> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>RFD #3 Moberly</i> Length of stay in 1b <i>3 hours</i>  |                               | d. STREET ADDRESS (If outside, give location) <i>RFD #3</i> Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>           |   |
| 3. NAME OF DECEASED (Type or print)<br>First <i>HENRY</i> Middle <i>JAMES</i> Last <i>BROWN</i>  |                               | 4. DATE OF DEATH<br>Month <i>May</i> Day <i>27</i> Year <i>1957</i>   |   |
| 5. SEX <i>Male</i>   | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><i>June - 19 - 1878</i>   |
| 9. AGE (In years last birthday) <i>78</i>  |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Carpenter &amp; Contractor</i>                             |   |
| 11. BIRTHPLACE (City and state or country)<br><i>Moberly MO.</i>   |                               | 12. CITIZEN OF WHAT COUNTRY?<br><i>U.S.A.</i>   |   |
| 13. FATHER'S NAME<br><i>David Arthur Brown</i>   |                               | 14. MOTHER'S MAIDEN NAME<br><i>Anna Fuller</i>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><i>no</i>   |                               | 16. SOCIAL SECURITY NO. <i>—</i>  |   |
| 17. INFORMANT<br><i>Jessie Brown Moberly Mo.</i>   |                               | Address   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Myocardial infarction</i><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <i>arteriosclerotic coronary occlusion</i><br>DUE TO (c) <i>H201</i> |                               |   | INTERVAL BETWEEN ONSET AND DEATH<br><i>5 minutes</i>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><i>Rheumatoid arthritis, paralytic afebrile</i>  |                               |   | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <i>—</i> Month, Day, Year  |                               |   |   |
| 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 <i>Jan 25 50</i> to <i>May 28 1957</i> and last saw <sup>him</sup> alive on <i>Jan 15 57</i><br>Death occurred at <i>9:30 p m</i> on the date stated above; and to the best of my knowledge, from the causes stated.  |                               |   |   |
| 22a. SIGNATURE (In three or four lines)<br><i>Corneille Elders</i>   |                               | 22b. ADDRESS<br><i>Moberly, Mo</i>  |   |
|  |                               | 22c. DATE SIGNED<br><i>May 28 57</i>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>   |                               | 23b. DATE<br><i>May - 31 - 1957</i>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><i>Rakland Cemetery</i>  |                               | 23d. LOCATION (City, town, or county) (State)<br><i>Moberly Missouri</i>  |   |
| 24. FUNERAL DIRECTOR<br><i>Cater Funeral Home Moberly Mo.</i>  |                               | 25. DATE RECD. BY LOCAL REG.<br><i>5-31-57</i>  |   |
|  |                               | 26. REGISTRAR'S SIGNATURE<br><i>Leah Welton</i>   |   |

(Licensed Embalmer's Statement on Reverse Side)

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.....

*R. M. Cater*

Licensed Embalmer No. *41*

P. O. Address *Moherly*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING,  
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.