

Health,
Welfare
Public
Service

300
-57
0

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

0

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19550

STATE FILE NUMBER

FILED JUL 11 1957

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 154

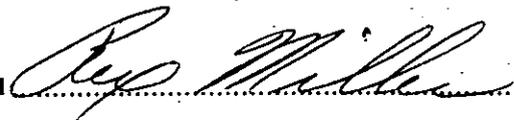
1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Mexico	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location) 0040 R. F. D. 1	
3. NAME OF DECEASED (Type or print) Robert M. Brown		4. DATE OF DEATH Month June Day 25 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 28, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Crops	11. BIRTHPLACE (City and state or country) 0
13a. FATHER'S NAME J. Shaw Brown		13b. MOTHER'S MAIDEN NAME Arnitta Northern	14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. Gene Brown Address Mexico, Mo. Rfd 1
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Artery Disease			INTERVAL BETWEEN ONSET AND DEATH 4 days 4 days Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			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 Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 June 21-57 to June 25-57 and last saw her/him alive on June 25-57 Death occurred at 11:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. D. Swan (Degree or title) 100		22b. ADDRESS 2 Mexico, Mo.	22c. DATE SIGNED 6-26-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-27-1957	23c. NAME OF CEMETERY OR CREMATORY Westminster	23d. LOCATION (City, town, or county) (State) Callaway County, Missouri
24. FUNERAL DIRECTOR Arnold Funeral Home ADDRESS Mexico, Mo.		25. DATE RECD. BY LOCAL REG. June 27-1957	26. REGISTRAR'S SIGNATURE Blancha Neely

SEP 19 1957

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. 4492
P. O. Address Medina

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.