

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021737
STATE FILE NUMBER

FILED JUL 10 1957

Registration District No. 181 Primary Registration District No. 5677 Registrar's No. 30

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1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, give TOWNSHIP only) Union Twp		c. CITY OR TOWN TROY	
c. FULL NAME OF (If NOT in hospital, give location) Hway #61		d. STREET ADDRESS (If outside, give location) F.R.D. ONE	
Length of stay in lb 1 YEAR		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First LAYTEE Middle - Last BROWN			4. DATE OF DEATH Month JUNE Day 23 Year 1957		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 24, 1900	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Months 0 Days 0 Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSEAMER	10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY	11. BIRTHPLACE (City and state or country) PIKE CO, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME HANNIBAL A. BROWN	13b. MOTHER'S MAIDEN NAME REYNOLDS	14. NAME OF HUSBAND OR WIFE
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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. 494-90-5760	17. INFORMANT IVID BROWN - FOLIA, MO.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull, Crushed Chest.		INTERVAL BETWEEN ONSET AND DEATH Inst.
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }
 DUE TO (b) **Automobile accident** **8/61**
 DUE TO (c) **26**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input checked="" 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.) Car in which deceased was riding collided with a Panel truck.
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20c. TIME OF INJURY 4:55 P.M.	Hour 6/23/57 Month 6 Day 23 Year 57
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hway #61	20f. CITY, TOWN, OR LOCATION Union Twp. COUNTY Lincoln Co. STATE Mo.
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph J. Marsh (Degree or title) CORONER	22b. ADDRESS 351 Monroe St. Troy, Mo.	22c. DATE SIGNED 6/24/57
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23a. BURIAL, CREMATION, or REMOVAL (Specify) BURIAL	23b. DATE JUNE 25, 1957	23c. NAME OF CEMETERY OR CREMATORY FOLIA CEMETERY	23d. LOCATION (City, town, or county) (State) FOLIA, MISSOURI
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24. FUNERAL DIRECTOR Geo. M. Collier, Louisa, Mo.	25. DATE RECD. BY LOCAL REG. 6/29/57	26. REGISTRAR'S SIGNATURE Mrs. Clarence Kientz
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 27 1957

SEP 27 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 *Geo. M. Callier*

Licensed Embalmer No. *3839*
P. O. Address *Louisiana*

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.