

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 2 2 2 0 9
STATE FILE NUMBER

FILED JUN 25 1957

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bettler</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Nerada</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>unknown</u> 8 <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #3</u>		Length of stay in <u>35 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>unknown</u> Reside on Farm <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Chayton</u> Middle <u>-</u> Last <u>Brown</u>			4. DATE OF DEATH Month <u>June</u> Day <u>12</u> Year <u>1957</u>		
5. SEX <u>male</u>	6. COLOR OF RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>1872</u>	9. AGE (In years last birthday) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>unknown</u>			14. MOTHER'S MAIDEN NAME <u>unknown</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>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Hospital records</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>Heart Block</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Nonsterile Pneumonia</u>	<u>7 days</u>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Psychosis</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 Hour <u> </u> Month, Day, Year <u> </u> a. m. <u> </u> p. m. <u> </u>		
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>March 1, 1956</u> to <u>June 12, 1957</u> and last saw her/him alive on <u>6-11-57</u> Death occurred at <u>12:45 A.M. - 6-12-57</u> on (the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>W.C. Bradley</u> (Degree or title)	22b. ADDRESS <u>State Hospital #3 Nevada Mo</u>	22c. DATE SIGNED <u>6-12-57</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6-12-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Louis Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
24. FUNERAL DIRECTOR <u>McLaughlin Funeral Home</u> ADDRESS <u>St. Louis Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6-18-1957</u>	26. REGISTRAR'S SIGNATURE <u>Anna E. Ferris</u>	

(Licensed Embalmer's Statement on Reverse Side)

alth, Welfare, Public Service, 300, -56, Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms with natural causes. Diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Percy F. Melsted*

Licensed Embalmer No. *46*

P. O. Address *Denver*

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.