

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23992

FILED JUL 18 1957

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5325 Registrar's No. 22

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| 1. PLACE OF DEATH a. COUNTY <u>Crawford</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u> | |
| b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>Rural (Liberty Township)</u> | | c. CITY OR TOWN <u>Rural</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>71 yrs.</u> | | e. STREET ADDRESS (If rural, give location) <u>9 miles E. of Steelville, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 miles E. of Steelville, Mo.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOH</u> b. (Middle) <u>RICHARD</u> c. (Last) <u>BROWN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 9, 1957.</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>May 11, 1886</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Crawford County, Missouri.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>William Arthur Brown</u> | 13b. MOTHER'S MAIDEN NAME <u>Emeline Day</u> | 14. NAME OF HUSBAND OR WIFE <u>Elva May Brown</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Job R. Brown, Steelville, Mo.</u> | ADDRESS _____ |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile debility</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u> | | <u>20 yrs</u> | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4900</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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22. I hereby certify that I attended the deceased from Nov. 1952 to June 9, 1957, that I last saw the deceased alive on June 9, 1957, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>John R. Robey</u> | (Degree or title) <u>Dr.</u> | 23b. ADDRESS <u>Steelville Mo</u> | 23c. DATE SIGNED <u>7/10/57</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 11, 1957</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Crawford County, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>7/15/57</u> | REGISTRAR'S SIGNATURE <u>Mrs. Hazel Lechman Thomas</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Herbert</u> | ADDRESS <u>Steelville, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John R. Robey, Dr.

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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 *Thomas S. Gilbert*.....

Licensed Embalmer No. 4332

P. O. Address Steelyville, Mo.

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.