

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30611
STATE FILE NUMBER

FILED SEP 10-1957

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney	
b. CITY OR TOWN Nevada Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Branson Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #3 Nevada Mo Length of stay in 1b 2 1/2 days		d. STREET ADDRESS (If outside, give location) 146 1/2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Louis Brown First Middle Last		4. DATE OF DEATH Sept 1 1957 Month Day Year	
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 June 16 1922
9a. AGE (In years last birthday) 35		9b. IF UNDER 1 YEAR IF UNDER 24 HRS. Months 2 Days 15 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY 	
11. BIRTHPLACE (City and state or country) Mont Ida, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Mike Brown		13b. MOTHER'S MAIDEN NAME Orpha Wilson	
14. NAME OF HUSBAND OR WIFE 		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. none		17. INFORMANT Hospital records - Nevada, Mo 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) myocardial, subacute (idiopathic) Pneumonia - Hypostatic - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Spastic Diplegia with Mental Deficiency			INTERVAL BETWEEN ONSET AND DEATH 1 mo
19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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.) 431X		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Branson		COUNTY Missouri STATE Missouri	
21. I attended the deceased from March 1 1956 to Sept 1 1957 and last saw him Sept 1 1957 Death occurred at on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W.C. Bradley M.D. (Degree or title)		22b. ADDRESS State Hospital #3 Nevada Mo	
22c. DATE SIGNED 9-1-57		23a. BURIAL; CREMATION, burial (Specify)	
23b. DATE Sept. 3, 1957		23c. NAME OF CEMETERY OR CREMATORY Local	
23d. LOCATION (City, town, or county) Branson, Missouri		(State) Missouri	
24. FUNERAL DIRECTOR Wheeler Funerals 1 Home, Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 9-6-57	
26. REGISTRAR'S SIGNATURE Anna E. Furrer			

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 *L. Douglas Perry*

Licensed Embalmer No. *4960*
P. O. Address *Meriden*

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.