Health, Welfare Public Service

300 1-56

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37084

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 318

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River, Mo. Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Flat River, Mo. Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 405 High St. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Mr. Charles Middle Henry Last Brown

4. DATE OF DEATH Month Oct. Day 1 Year 1957

5. SEX Male

6. COLOR OR RACE White Caucs

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH August 5-1890

9. AGE (In years last birthday) 67-1-26 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Lead Co.

11. BIRTHPLACE (City and state or country) Dent County, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr. Joseph Henry Brown

14. MOTHER'S MAIDEN NAME Miss Martha Elizabeth Swinford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no.

16. SOCIAL SECURITY NO. 497-03-8209

17. INFORMANT Mrs. Myrtle Brown (wife) Address 405 High St. Flat River Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH 10 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis general

DUE TO (c)

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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1957, to Oct 1-57 and last saw her/him alive on 9-15-57

Death occurred at 11:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. O. Gaeler M.D.

22b. ADDRESS Desloge Mo

22c. DATE SIGNED 10-8-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE October 4-1957

23c. NAME OF CEMETERY OR CREMATORY St. Francois Memorial Park

23d. LOCATION (City, town, or county) Bonne Terre, Route 1 (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Alvin W. Hood Flat River Mo.

25. DATE RECD. BY LOCAL REG. Oct. 8, 1957

26. REGISTRAR'S SIGNATURE Esther Rudloff

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Embalmer's Statement on Reverse Side)

OCT 28 1957

OCT 31 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Alvin W. Hood.....

Licensed Embalmer No. 27 8

303 Crane St.

P. O. Address Fall River, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.