

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1843
STATE FILE NUMBER
Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 2

FILED JAN 8 1958

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-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Lawrence County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		c. CITY OR TOWN Marionville	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Hospital		d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb 30min.			
3. NAME OF DECEASED (Type or print) First Middle Last Lekoy Rigsby Brown			4. DATE OF DEATH Month Day Year Jan. 3, 1958
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 13, 1910
9. AGE (In years last birthday) 47		10. UNDER 1 YEAR Months Days 10 21	11. IF UNDER 24 HRS. Hours Min. 10 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Block mason		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Newton Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Koy Brown		13b. MOTHER'S MAIDEN NAME Elizabeth Burr	14. NAME OF HUSBAND OR WIFE Willie Brown
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. 500-14-4925	17. INFORMANT Address Willie Brown, Marionville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock & Respiratory failure. DUE TO (b) Frail chest. multiple fract. to rib cage DUE TO fractured skull & jaw Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Trauma to lungs & ribcage			INTERVAL BETWEEN ONSET AND DEATH 45 min. 45 min. 45 min.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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.) Truck struck by train	
20c. TIME OF INJURY Hour Month, Day, Year 5 - 1 - 3 - '58 a.m. p.m.			
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.) Railroad Crossing	
20f. CITY, TOWN, OR LOCATION Marionville, Lawrence, Mo.		STATE Mo.	
21. I attended the deceased from Jan. 3 - '58 to Jan 3 - '58 and last saw him alive on Jan. 3 - '58 Death occurred at 5:35 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Emellum M.D.		22b. ADDRESS 200 S. Elliott Aurora Mo.	
22c. DATE SIGNED Jan 4/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 6, 1958	23c. NAME OF CEMETERY OR CREMATORY Bowling Chancel Cemetery	23d. LOCATION (City, town, or county) (State) Stone County, Missouri.
24. FUNERAL DIRECTOR ADDRESS J. B. Dunidge, Marionville, Mo.		25. DATE RECD. BY LOCAL REG. 1-5-'58	26. REGISTRAR'S SIGNATURE Ora Mc Nett

All diseases in Part I must be causally related.

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 *William A. Fulks*

Licensed Embalmer No. *4658*
P. O. Address *Marionville*

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.