

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009379  
State File No. ....

FILED APR 7 1958

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5390</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u> <u>6330</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Springcreek Twp</u>		c. LENGTH OF STAY (in this place) <u>11 yrs</u>		c. CITY OR TOWN <u>Springcreek Twp</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Licking Route, Salem, Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>Licking Rte, Salem, Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>GEORGE DEARMOND BROWN</u>			4. DATE OF DEATH <u>April 1, 1958</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>Jan. 16, 1903</u> 55	
9. AGE (in years last birthday) <u>55</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet Metal Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Steel</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Weir City, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hardman</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Ann Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>375-07-8658</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Ann Brown</u> ADDRESS <u>Licking Rte Salem, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cervical Lymphosarcoma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>approx 3 yrs</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.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>2001</u> (STATE) <u>0</u>			
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? _____			
22. I hereby certify that I attended the deceased from <u>Dec</u> , 19 <u>57</u> , to <u>4-1-</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>3-31</u> , 19 <u>58</u> , and that death occurred at <u>9:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Jas. W. ...</u> (Degree or title) <u>2</u>				23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>4-2-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 3 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wofford Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dent County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4/3/58</u>		REGISTRAR'S SIGNATURE <u>M. M. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. ...</u> ADDRESS <u>Salem, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

APR 9 1939

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 Max L. Wafer

Licensed Embalmer No. 412

P. O. Address Salmon, Id.

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.