.S. No. 300
EV. 10-48

FILED MAR 25 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-010778

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 6

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

0700 1

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellsville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 409 N. 2nd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellsville
d. STREET ADDRESS (If rural, give location): 409 N. 2nd.

0700 0

3. NAME OF DECEASED (Type or Print)
a. (First): LEMUEL
b. (Middle): JAMES
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): Mar. 16, 1958

5. SEX: Male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: May 28, 1879
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 9, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired stock buyer
10b. KIND OF BUSINESS OR INDUSTRY: buying stock
11. BIRTHPLACE (State or foreign country): Portland, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Brown
13b. MOTHER'S MAIDEN NAME: Sarah Barker
14. NAME OF HUSBAND OR WIFE: DECEASED

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'S SIGNATURE OR NAME ADDRESS: Mrs. Owen Whitehead, Wellsville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auricular Fibrillation — 2 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Bronchial Asthma — several years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4331
20. AUTOPSY? YES ☐ NO ☒

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): 2
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-5, 1956, *to* 3-16, 1958, *that I last saw the deceased alive on* 3/16, 1958, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. Boyland MD 0
23b. ADDRESS: Wellsville Mo
23c. DATE SIGNED: 3/17/58

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3/18/1958
24c. NAME OF CEMETERY OR CREMATORY: Wellsville Cemetery
24d. LOCATION (City, town, or county) (State): Wellsville, Mo.

DATE REC'D BY LOCAL REG.: 3-18-58
REGISTRAR'S SIGNATURE: Gertrude Romano
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: N. B. Wells, Wellsville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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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 _____
Student Embalmer

Signed Howard F Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville 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 this body is not embalmed, fact should be so stated above.