

Health, Welfare, Public Service

309 821-58  
 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

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-011013  
 STATE FILE NUMBER

FILED MAR 17 1958

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>PIKE</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>LOUISIANA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Curryville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>PIKE CO Hospt</b>				d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>ENGELS ERASMUS BROWN</b>			4. DATE OF DEATH <b>Feb 15 1958</b>			5. SEX <b>Male</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 24 1865</b>		9. AGE (In years last birthday) <b>93</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) <b>PIKE CO. MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Wm R. Brown</b>				14. MOTHER'S MAIDEN NAME <b>Elizabeth Sisson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. —		17. INFORMANT <b>J. Penny Reading Curryville MO</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive Coronary occlusion</b> Arteriosclerotic hypertensive cardio-vascular disease Aortic aneurysm. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>4201</b>							INTERVAL BETWEEN ONSET AND DEATH
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.) —	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 —		COUNTY STATE	
21. I attended the deceased from <b>6/19/55</b> to <b>2/15/58</b> and last saw <b>him</b> alive on <b>2-15-58</b> Death occurred at <b>11:34</b> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Chas. H. Lewellen M.D.</b>				22b. ADDRESS <b>Louisiana, Missouri</b>		22c. DATE SIGNED <b>2-24-58</b>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR (If crematorium)		23d. LOCATION (City, town, or county) (State)	
<b>Burial Feb. 17 1958</b>				<b>Curryville</b>		<b>MO.</b>	
24. FUNERAL DIRECTOR <b>Grace Bankhead Bowling, Curryville, MO.</b>				25. DATE RECD. BY LOCAL REG. —		26. REGISTRAR'S SIGNATURE <b>Bernice Collier</b>	

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 *Harold Kincaid* .....

Licensed Embalmer No. *45*

P. O. Address *Baltimore*  
*770*

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.