

Health, & Welfare Public Service -42
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 All diseases in Part I must be causally related.
 MEDICAL CERTIFICATION
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-026133

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 64

1. PLACE OF DEATH
 a. COUNTY Lafayette
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington Inside Limits Yes No
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lexington Memorial Length of stay in 1b 12 Hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Ray
 c. CITY OR TOWN Orrick 0890 Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Hortense Street Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
BRENDA LOUISE 0 Brown July 5 1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH July 5, 1958 9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 12 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and state or country) Lexington, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME George Alvin Brown 13b. MOTHER'S MAIDEN NAME Shirley Ann Bullock 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Address Geo. A. Brown Orrick, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Permatore (28 wk) Baby was breech and was protruding
 DUE TO (b) 10 Ren seen (in car) - Head was delayed in car - No heart beat
 DUE TO (c) for 10 minutes -
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 INTERVAL BETWEEN ONSET AND DEATH 12 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7615 19. WAS AUTOPSY PERFORMED? YES NO

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 Month, Day, Year a.m. p.m.
 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 7/5/58 to 7/5/58 and last saw her alive on 7/5/58
 Death occurred at 5 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ben H. Brasher M.D. 22b. ADDRESS Lexington, Mo 22c. DATE SIGNED 7-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE July 6, 1958 23c. NAME OF CEMETERY OR CREMATORY South Point Cemetery 23d. LOCATION (City, town, or country) (State) Orrick, Missouri

24. FUNERAL DIRECTOR ADDRESS Wilbur M. C. Orrick, Missouri 25. DATE RECD. BY LOCAL REG. 7-10-58 26. REGISTRAR'S SIGNATURE Maura E. Cook

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 Back....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No.....

P. O. Address.....

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.