

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028638

STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 89 Primary Registration District No. 4151 Registrar's No. 28

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY CRAWFORD	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	a. STATE MISSOURI	b. COUNTY CRAWFORD
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STEELVILLE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN STEELVILLE	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Length of stay in lb 20 YRS.	d. STREET ADDRESS (If outside, give location)	Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First EDWARD	Middle BROWN	Last	Month AUG.	Day 26	Year 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 8-1870	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) UNKNOWN	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME UNKNOWN	14. MOTHER'S MAIDEN NAME UNKNOWN				
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 GEO. EDWARDS - BERRYMAN, Mo.			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		14 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis and	5 yrs.
	DUE TO (c)	4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 a. m. p. m. Month, Day, Year	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 Dec 1956 to Aug 26 1958 and last saw him alive on Aug 25 1958 Death occurred at 7:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Dr. Robert D. Sanders	22b. ADDRESS Steelville Mo	22c. DATE SIGNED 9/2/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-28-58	23c. NAME OF CEMETERY OR CREMATORY SANDERS CEM.	23d. LOCATION (City, town, or county) (State) CRAWFORD Co., Mo.
24. FUNERAL DIRECTOR Thomas S. Halbert	ADDRESS STEELVILLE, Mo.	25. DATE RECD. BY LOCAL REG. 9-5-58	26. REGISTRAR'S SIGNATURE Mrs Hazel Lichner

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
290
300
1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
50

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.....

Thomas S. Halbert

Licensed Embalmer No. *43*

P. O. Address

Steelville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.