

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029511
State File No.

FILED AUG 18 1958

BIRTH NO. REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Lafayette Co Mo		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Lexington Mo		c. CITY OR TOWN Bates city	
c. LENGTH OF STAY (in this place) 2 hours		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Lexington Memorial Hospital			
e. STREET ADDRESS (If rural, give location) City, 5 blocks south Hy. 40.			

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Saylor c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) August 5-1958		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan 21 1914		9. AGE (In years last birthday) 44		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer	
11. BIRTHPLACE (City and State or Foreign Country) Bates city Mo		12. CITIZEN OF WHAT COUNTRY? USA		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	

13a. FATHER'S NAME Thomas Brown		13b. MOTHER'S MAIDEN NAME Martha Hopkins		14. NAME OF HUSBAND OR WIFE Mrs. Dorothy Brown	
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. 496-03-5606		17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorothy Brown	
				ADDRESS Bates city, Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicid by gun shot.		INTERVAL BETWEEN ONSET AND DEATH 4 hours.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (b) This man had had shock breast at neurological hospital Kansas city			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Missouri / about 12 years ago		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at his home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bates city (Lafayette) Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug-5-1958 6a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self inflicted gun shot / head	

22. I hereby certify that I attended the deceased from after death, to on 8-5-1958, that I last saw the deceased alive on 10:10 a.m., 1958, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Martin MD Coroner 3		23b. ADDRESS Odessa Mo		23c. DATE SIGNED 8-5-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-7-58		24c. NAME OF CEMETERY OR CREMATORY Concord Cemetery	
				24d. LOCATION (City, town, or county) (State) Bates City Mo.	

DATE REC'D BY LOCAL REG. 8-6-58		REGISTRAR'S SIGNATURE Mervin Eastabrooks		25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home	
				ADDRESS Oak Grove	

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

0542

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 *William E. Free* _____

Licensed Embalmer No. *473*

P. O. Address *Blue Spring*

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.