

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030205
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7774

FILED AUG 28 1958

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits
OR St. Louis Yes No

c. CITY OR TOWN st. Louis Inside Limits
Yes No

c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b
27 Homer Phillip

d. STREET ADDRESS (If outside, give location) Reside on Farm
2217 3000 Lawton Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
John Howard Brown

4. DATE OF DEATH Month Day Year
aug 7 1958

5. SEX male 2
6. COLOR OR RACE Negro
7. MARRIED NEVER MARRIED
WIDOWED DIVORCED

8. DATE OF BIRTH 21 Oct. 1921 36
9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY?
laborer Construction Taylor, Mississippi U.S.

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Howard Brown Nylia Vaters

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 Address
yes World War II Zella Mae Brown 3000 Lawton

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Tuberculosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 1002x.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

INTERVAL BETWEEN ONSET AND DEATH

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 _____ to _____ and last saw her/him alive on _____
Death occurred at 11:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED
Patrick E. Taylor Coroner 3 1310 Clark 8-11-58

23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
removal 12 Aug. 1958 Batesville Mississippi

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
Reliable Funeral sys. 1389 N. Union AUG 1 1'58 J. Carl Smith

(Licensed Embalmer's Statement on Reverse Side)

Health & Welfare Public Service

300 1-56

All 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

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.

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 *Paul V. Greenman*

Licensed Embalmer No. *468*

P. O. Address *4729 Ham*

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.