

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031417
STATE FILE NUMBER

FILED AUG 18 1958

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 127

300
-57

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Marshall 0970	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Johnson Nursing Home 7 weeks		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) RFD#4
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First John Middle Brown Last Brown			4. DATE OF DEATH Month August Day 13 Year 1958		
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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 Jan. 21, 1873	9. AGE (In years last birthday) 85	FUNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Saline County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Brown	13b. MOTHER'S MAIDEN NAME Annie Brown	14. NAME OF HUSBAND OR WIFE -----
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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. None	17. INFORMANT Frank Brown Sr. Marshall, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 7 wk May 8, 1958
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Fractured hip	
	DUE TO (c) 9040 21	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension		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.) Fell & broke hip at home
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20c. TIME OF INJURY Hour 7:00 Month May Day 8 Year 1958 a.m. 1958 p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Marshall	COUNTY Mo	STATE
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21. I attended the deceased from May 8, 1958 to July 13, 1958 and last saw her/him alive on Aug 12, 1958 . Death occurred at 1:09 AM on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Frank Brown Sr. (Degree or title) MD	22b. ADDRESS Marshall Mo	22c. DATE SIGNED 8/15/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 16, 1958	23c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery	23d. LOCATION (City, town, or county) (State) Marshall, Missouri
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24. FUNERAL DIRECTOR Campbell-Lewis	ADDRESS Marshall, Mo.	25. DATE RECD. BY LOCAL REG. 8-15-58	26. REGISTRAR'S SIGNATURE Cecil H. Read
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

43

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 *James H. Lewis Jr.*.....
Licensed Embalmer No. *4799*.....
P. O. Address *Marshall*.....

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.