

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041122
STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 299 Primary Registration District No. 6022 Registrar's No. 1201

300
1-57

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Richmond Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Mem. Hosp.		Length of stay in lb 3 wks.	d. STREET ADDRESS (If outside, give location) 087/0 478 N. Thornton Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle FRANKLIN Last BROWN			4. DATE OF DEATH Month November Day 9 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 Feb. 11, 1876		9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section foreman		10b. KIND OF BUSINESS OR INDUSTRY Railroading	11. BIRTHPLACE (City and state or country) Orrick, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elza Brown	13b. MOTHER'S MAIDEN NAME Emma Louise Turner	14. NAME OF HUSBAND OR WIFE Ellis Pearl Hockensmith
---	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 709-18-4317	17. INFORMANT Charles E. Brown, Richmond, Mo. Address
--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TERMINAL CARCINOMA		INTERVAL BETWEEN ONSET AND DEATH 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) GENERALIZED METASTASIS	
	DUE TO (c) CA of BR JAW	
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1960
20c. TIME OF INJURY Hour _____ a.m. _____ 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 Ray	COUNTY Ray	STATE Missouri
--	--	--	----------------------	--------------------------

21. I attended the deceased from OCT-1-1958 to NOV 9-1958 and last saw him alive on NOV-9-1958 Death occurred at 4:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE W. J. Jackson (Degree or title) MD	22b. ADDRESS Richmond, Mo.	22c. DATE SIGNED 11-10-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 11, 1958	23c. NAME OF CEMETERY OR CREMATORY Lathrop Cemetery	23d. LOCATION (City, town, or county) (State) Lathrop, Mo.
--	-----------------------------------	---	--

24. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. NOV-11-1958	26. REGISTRAR'S SIGNATURE Mabel Jackson
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUN 3 1967

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, ~~order~~....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Wm. L. Shuman*.....

Licensed Embalmer No. 4563.....

P. O. Address Richmond, Mo......

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.

JUN 7 1967