

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043648
STATE FILE NUMBER

FILED DEC 16 1958 Registration District No. 098 Primary Registration District No. Registrar's No. 116

300
1-57

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gallatin		c. CITY OR TOWN Gallatin c 3 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ---		d. STREET ADDRESS (If outside, give location) ---	
Length of stay in 1b 8 Yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Harley Mason Brown			4. DATE OF DEATH Month Day Year December 4 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 29 1873	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (City and state or country) Daviess Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Asher D. Brown	13b. MOTHER'S MAIDEN NAME Mary Adeline Mason	14. NAME OF HUSBAND OR WIFE Frizzie Brown
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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. 497-40-5685	17. INFORMANT Mrs. Frizzie Brown, Gallatin, 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) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 48 hrs 9 mths 2 yrs
DUE TO (b) Cerebral Hemorrhage		
DUE TO (c) Hypertensive, Cardiovascular renal disease		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe arthritis of neck & hips, prostate enlargement		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.) 442X
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 Gallatin	COUNTY Missouri	STATE
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21. I attended the deceased from June 1956 to Dec and last saw her alive on Dec 3 Death occurred at 1 Pm on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE T W Bailey (Degree or title)	22b. ADDRESS Gallatin Mo	22c. DATE SIGNED 12-8-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-6-1958	23c. NAME OF CEMETERY OR CREMATORY Creekmore Cemetery	23d. LOCATION (City, town, or country) (State) Gallatin Missouri
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24. FUNERAL DIRECTOR Hope Funeral Home, Gallatin, Mo.	25. DATE RECD. BY LOCAL REG. 9 Dec. 1958	26. REGISTRAR'S SIGNATURE Reginald C. Engelhart
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Every coroner, etc., must use every standard nomenclature in item 18. No symptoms will be listed.

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 *L. C. Johnson*

Licensed Embalmer No. *3307*

P. O. Address *Dallatin*

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.