

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000840  
STATE FILE NUMBER

JAN 26 1959 Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 21

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b> )	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Robertsville</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hos.</b>		Length of stay in 1b —	d. STREET ADDRESS (If outside, give location) —
3. NAME OF DECEASED (Type or print)		First <b>Jacob</b> Middle <b>C.</b> Last <b>Brown</b>	4. DATE OF DEATH
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 16, 1876</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Robertsville, Mo.</b>
13a. FATHER'S NAME <b>William Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Fischer</b>	14. NAME OF HUSBAND OR WIFE <b>Ida Brown</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. —	17. INFORMANT Address <b>Ida Brown Robertsville, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARIAL HEMORRHAGE</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 WKS</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROTIC C.V. DISEASE</b>			<b>YEARS</b>
DUE TO (c) <b>4221</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>the PASSIVE CONVULSION DUE TO LOW VENTILATION</b>			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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT <input type="checkbox"/> 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	COUNTY STATE
21. I attended the deceased from <b>1950</b> to <b>DEATH</b> and last saw her alive on <b>1-18-57</b> Death occurred at <b>7:30 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John F. Truel M.D.</b>		22b. ADDRESS <b>St. Clair, Mo.</b>	22c. DATE SIGNED <b>1-18-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>Jan. 21, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvey Cemetery</b>	23d. LOCATION (City, town, or county) <b>Robertsville, Mo.</b>
24. FUNERAL DIRECTOR <b>Casey Lenox</b>		ADDRESS <b>St. Clair, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1/21/59</b>
			26. REGISTRAR'S SIGNATURE <b>J. P. Williams</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 27

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 *B. M. Lenoir* .....

Licensed Embalmer No. *3601* .....

P. O. Address *St. Clair,* .....

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.