

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012151  
STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <i>Adair</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Schuyler</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kirkville</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Lucas City</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Laughlin</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>7 mi S.E. Lucas City</i>
3. NAME OF DECEASED (Type or print) First <i>Lewis</i> Middle <i>H.</i> Last <i>Brown</i>			4. DATE OF DEATH Month <i>April</i> Day <i>24</i> Year <i>'59</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 10, 1893</i>
9. AGE (In years last birthday) <i>66</i>		IF UNDER 1 YEAR Months Days Hours Min.	9. AGE (In years last birthday) <i>66</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>rural Lucas City Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		13a. FATHER'S NAME <i>James Green Brown</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Matilda Eliza Maud Brown</i>
14. NAME OF HUSBAND OR WIFE <i>James Green Brown</i>		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 <i>Betty H. Slaughter</i>		17. INFORMANT 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) <i>Pulmonary Embolism</i> DUE TO (b) <i>Multiple Myeloma</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Anemia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>minutes</i> <i>unknown</i>
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 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 <i>April 10 1959</i> , to <i>April 24 1959</i> and last saw <i>him</i> alive on <i>April 24, 1959</i> Death occurred at <i>6:42 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Betty H. Slaughter D.O.</i>		22b. ADDRESS <i>711 W. Jefferson Kirkville Mo</i>	
22c. DATE SIGNED <i>4-25-59</i>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Apr. 27 59</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Lucas City Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Lucas City MO</i>	
24. FUNERAL DIRECTOR <i>Wm. Lee Lane</i>		25. DATE RECD. BY LOCAL REG. <i>4-26-1959</i>	
26. REGISTRAR'S SIGNATURE <i>Doris W. Ratliff</i>		26. REGISTRAR'S SIGNATURE	

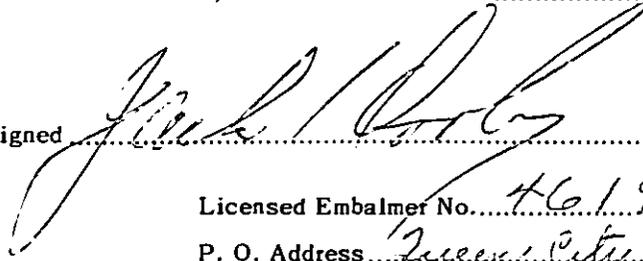
All diseases in Part I must be causally related.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 BETTY H. SLAUGHTER D.O.

MS MAY 11 1959

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  .....  
Licensed Embalmer No. 4619  
P. O. Address ..... City .....

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.