

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012278

STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 260

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. CITY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Brumley 0660	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION University Medical		d. STREET ADDRESS (If outside, give location) 2 day	
3. NAME OF DECEASED (Type or print) First David Middle E. Last Brown		4. DATE OF DEATH Month April Day 29 Year 1959	
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 11/8/1874
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Camden Co. Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Brown	
13b. MOTHER'S MAIDEN NAME Sally McComb		14. NAME OF HUSBAND OR WIFE unknown	
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. -	
17. INFORMANT Hazel Vice Iberia, Missouri		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) Renal Failure			INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Unknown cause			
DUE TO (c) Small bowel resection for adhesions - Int. obstruction			36 hours
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 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 4/27/59 to 4/29/59 and last saw her/him alive on 4/29/59 Death occurred at 6:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Earl J. Waffle, Jr., M.D.		22b. ADDRESS U. of Mo. Medical Center	
22c. DATE SIGNED 4/29/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5/2/59	
23c. NAME OF CEMETERY OR CREMATORY Hawkins		23d. LOCATION (City, town, or county) (State) Brumley, Mo	
24. FUNERAL DIRECTOR Walter P. Hedges		25. DATE RECD. BY LOCAL REG. Apr 29, 1959	
26. REGISTRAR'S SIGNATURE Mrs R E Palmer			

All diseases in Part I must be causally related.

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 *Walter J. Hedges*

Licensed Embalmer No. *4265*
P. O. Address *Meriden, Ct.*

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.