

Health,
Welfare,
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012627

STATE FILE NUMBER

FILED APR 23 1959

Registration District No. 59

Primary Registration District No.

Registrar's No. 72

300
-57

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CASS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dolan Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN FREEMAN 0190
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 miles SW of Freeman		Length of stay in lb 6 wks.	d. STREET ADDRESS (If outside, give location) 3 miles SW of Freeman
3. NAME OF DECEASED (Type or print)		First MABEL Middle JANET Last Brown	4. DATE OF DEATH Month APRIL Day 13 Year 1959
5. SEX Female	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 Nov 5, 1878
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ADAMS Co. Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME SAMUEL REED	13b. MOTHER'S MAIDEN NAME Katherine Nicholas
14. NAME OF HUSBAND OR WIFE O. C. Brown		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. None
17. INFORMANT John Stephens		Address FREE MAN, MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE			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) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHRONIC NEPHROSCLEROSIS			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 a.m. _____ p.m. _____ Month _____ Day _____ Year _____			
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 FREE MAN	COUNTY MISSOURI STATE MISSOURI
21. I attended the deceased from Feb 1959 to April 13 1959 and last saw her alive on April 9 1959 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE O. J. Hargis MD (Degree or title)		22b. ADDRESS Harrisonville Mo	22c. DATE SIGNED 14 APR 1959
23a. BURIAL, CREMATION, OR MOVIAL (Specify) BURIAL	23b. DATE 4-15-59	23c. NAME OF CEMETERY OR CREMATORY FREE MAN Cemetery	23d. LOCATION (City, town, or county) (State) FREE MAN, Missouri
24. FUNERAL DIRECTOR Harrisonville Harrisonville Mo		25. DATE RECD. BY LOCAL REG. 4-15-1959	26. REGISTRAR'S SIGNATURE Mrs Ray Debra

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION



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 *Robert A. Kirkman*

Licensed Embalmer No. *4902*
P. O. Address *Sumner, 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.