

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022139

REGISTRATION DISTRICT NO. 200 PRIMARY REGISTRATION DISTRICT NO. 304 REGISTRAR'S NO. 111

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-57

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon</u>		c. CITY OR TOWN <u>Bynumville</u>	
c. FULL NAME OF CHURCH, HOSPITAL OR INSTITUTION <u>Church of God Holiness</u>		d. STREET ADDRESS (If outside, give location) <u>0210</u>	

3. NAME OF DECEASED (Type or print) First <u>Gerald</u> Middle <u>Elmo</u> Last <u>Brown</u>			4. DATE OF DEATH Month <u>June</u> Day <u>28</u> Year <u>1959</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 23, 1893</u>	9. AGE (In years last birthday) <u>65</u>	10. FUNDER 1 YEAR Months <u>6</u> Days <u>5</u> Hours <u></u> Min. <u></u>	11. IF UNDER 24 HRS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Bynumville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Delbert Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Flora Logan</u>	14. NAME OF HUSBAND OR WIFE <u>Nora</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>489-40-5197</u>	17. INFORMANT <u>Nora Brown</u> Address <u>Bynumville, Mo.</u>
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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) <u>Acute Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>
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) <u>4201</u>		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.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from _____ to <u>June 28,</u> and last saw her ^{her} alive on <u>none</u> . Death occurred at <u>3:00 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <u>James E. Campbell M.D.</u>	22b. ADDRESS <u>Bynumville, Mo.</u>	22c. DATE SIGNED <u>6/30/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 1, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fitzgerald</u>	23d. LOCATION (City, town, or county) <u>Bynumville, Mo.</u>	(State)
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24. FUNERAL DIRECTOR <u>Gas. McLaughlin, Marcelline, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>6/30/59</u>	26. REGISTRAR'S SIGNATURE <u>Cathy Neely</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Date Filed 7-10-57

SEP 10 1963

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 *Jamer B. McClelland*

Licensed Embalmer No. *4230*

P. O. Address *Brookfield, 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.

VS
APR 28 1967