

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 28 1959 360

59-027894

Registration District No. _____ Primary Registration District No. 3076 Registrar's No. 154

STATE FILE NUMBER

| | | | | | | | |
|--|---|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Vernon | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Vernon | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada | | Length of stay in 1b 13 hours | | c. CITY OR TOWN Harwood | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Frank Middle Brown Last Brown | | | 4. DATE OF DEATH Month July Day 12 Year 1959 | | | | |
| 5. SEX M | 6. COLOR OR RACE Wh | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 8-30-1889 | 9. AGE (last birthday) 69 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber | | 10b. KIND OF BUSINESS OR INDUSTRY Own shop | | 11. BIRTHPLACE (City and state or country) Harwood, Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Joseph S. Brown | | | 13b. MOTHER'S MAIDEN NAME Lodica Shade | | 14. NAME OF HUSBAND OR WIFE Jeane E. 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. 486-24-7051 | 17. INFORMANT Address Harwood, Missouri | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Infarction | | | | | | INTERVAL BETWEEN ONSET AND DEATH 13 hrs. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Coronary Insufficiency | | | | | | several years | |
| DUE TO (c) Coronary Arteriosclerosis | | | | | | Unknown | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 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 WORK <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 July 12, 1959 to July 12, '59 and last saw him ^{live} on July 12, 1959 | | | | Death occurred at Nevada, Missouri 3:52 P.m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) R. H. Gray, M. D. | | | 22b. ADDRESS Moore Bldg., Nevada, Missouri | | | 22c. DATE SIGNED 7/17/1959 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1959 July 15 | 23c. NAME OF CEMETERY OR CREMATORY Lefler Cemetery | | 23d. LOCATION (City, town, or county) (State) Vernon County, Missouri | | | |
| 24. FUNERAL DIRECTOR Ferry Funeral Home, Nevada, | | | ADDRESS Missouri | 25. DATE RECD. BY LOCAL REG. 7-20-'59 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *L. Anglin Ferry*

Licensed Embalmer No. 4960

P. O. Address *Memphis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.