

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031154

FILED VS SEP 1 1959

STATE FILE NUMBER

Registration District No. 323 Primary Registration District No. 4474 Registrar's No. 41

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sweet Springs</u>		Length of stay in 1b		c. CITY OR TOWN <u>Sweet Springs RFD</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>accident at corner of Locust & Ray Streets</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>7 miles southwest of sweet Springs</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Lee</u> Middle <u>Roy</u> Last <u>Brown</u>				4. DATE OF DEATH Month <u>August</u> Day <u>22</u> Year <u>1959</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-8-1940</u>		9. AGE (last birthday) <u>19</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Johnson County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>					
13a. FATHER'S NAME <u>Roy Quigley Brown</u>				13b. MOTHER'S MAIDEN NAME <u>Minnie Leora Hall</u>				14. NAME OF HUSBAND OR WIFE <u>none</u>					
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>489-42-5483</u>		17. INFORMANT Address <u>Roy Q. Brown, Sweet Springs, Mo RFD</u>							
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>Accident, Auto Collision</u>										INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 h.</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)								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 checked="" 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.) <u>Auto/Truck Deception Collision</u>									
20c. TIME OF INJURY Hour <u>12:30</u> a.m. <u>Aug 22-59</u>													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Sweet Springs</u>			20f. CITY, TOWN, OR LOCATION <u>Sweet Springs</u>		COUNTY <u>Saline</u>		STATE <u>Mo.</u>				
21. I attended the deceased from <u>12:30 P.M. 8-22-59</u> and last saw her/him alive on <u>8-22-59</u> Death occurred at <u>12:30 P.M. 8-22-59</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>L. L. Laules, M.D. Coroner Saline Co.</u>						22b. ADDRESS <u>Marshall Mo.</u>			22c. DATE SIGNED <u>8-22-59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>August 23, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery Sweet Springs, Mo.</u>				23d. LOCATION (City, town, or county) (State)					
24. FUNERAL DIRECTOR <u>L. F. Parker, Sweet Springs, Mo.</u>					25. DATE RECD. BY LOCAL REG. <u>Aug. 23, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Mary Mouley</u>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

