

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

## 59-035055

FILED VS OCT 26 1959

STATE FILE NUMBER

Registration District No. 002 Primary Registration District No. 4008 Registrar's No. 60

<b>1. PLACE OF DEATH</b> a. COUNTY <b>ANDREW</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>ANDREW</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ROSENDALE</b>	Length of stay in 1b <b>life</b>	c. CITY OR TOWN <b>ROSENDALE</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <b>GROVER CLEVELAND BROWN</b>			<b>4. DATE OF DEATH</b> Month Day Year <b>October 11, 1959</b>				
<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>2/5/85</b>	<b>9. AGE</b> (last birthday) <b>74</b>	<b>IF UNDER 1 YEAR</b> Months Days	<b>IF UNDER 24 HR</b> Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>retired extra man</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>railroad</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Rosendale, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>Samuel Owen Brown</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Lewis</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Grace Brown</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			<b>16. SOCIAL SECURITY NO.</b> - - -		<b>17. INFORMANT</b> Address <b>Homer Brown, Rosendale, Missouri</b>		

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>
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		
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)		
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year						

<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	COUNTY	STATE
<b>21. I attended the deceased from</b> <u>1946</u> to <u>10-11-59</u> and last saw her/him alive on _____ Death occurred at <u>6:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

<b>22a. SIGNATURE</b> (Degree or title) <i>Leibert B. Kelley</i>	<b>22b. ADDRESS</b> <b>Savannah, Mo.</b>	<b>22c. DATE SIGNED</b>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>burial</b>	<b>23b. DATE</b> <b>10/13/59</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Fairview Cemetery</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>Andrew County, Mo.</b>
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<b>24. FUNERAL DIRECTOR</b> ADDRESS <i>Breit Funeral Home Savannah</i>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>10-16-59</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Lillian Sparks</i>
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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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Jamell P. Hawken*

Licensed Embalmer No. 4536

P. O. Address Sevenside

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.