

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002762

FILED VS FEB 1 1960 274

3052

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STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Pettis		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia, Mo		a. STATE Mo.		b. COUNTY Pettis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Length of stay in 1b Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Green Ridge		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EMORY E. BROWN				4. DATE OF DEATH Month Day Year 1 - 20 - 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-15-1920	9. AGE (last birthday) 40	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) Employee		10b. KIND OF BUSINESS OR INDUSTRY P & C Shoe Factory		11. BIRTHPLACE (City and state or country) Green Ridge, Mo.		12. CITIZEN OF WHAT COUNTRY U S	
13a. FATHER'S NAME Edward Everett Brown			13b. MOTHER'S MAIDEN NAME Dency Lucindia McCampbell		14. NAME OF HUSBAND OR WIFE Mrs. Nina Brown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. 187-12-0211		17. INFORMANT Mrs. Nina Brown Green Ridge, 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) CORONARY ARTERY ARTERIOSCLEROSIS						INTERVAL BETWEEN ONSET AND DEATH 45 min	
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 checked="" type="checkbox"/> NO <input 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 DEC. 1951 to JAN. 1960 and last saw him alive on 20 JAN 1960 Death occurred at 7:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE P. V. Siegel MD				22b. ADDRESS Smithton Mo		22c. DATE SIGNED 1/20/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 22, 1960	23c. NAME OF CEMETERY OR CREMATORY Green Ridge		23d. LOCATION (City, town, or county) Green Ridge, Mo.		
24. FUNERAL DIRECTOR Glen E. Heck Funeral Home Green Ridge, Mo.				25. DATE RECD. BY LOCAL REG. 1-25-1960	26. REGISTRAR'S SIGNATURE Frances Shelby		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

FEB 3

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

Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Green Ridge

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.