

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002902

FILED VS FEB 8 1960

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 9

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| 1. PLACE OF DEATH a. COUNTY <u>Putnam</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Unionville</u> | Length of stay in 1b <u>20 da</u> | c. CITY OR TOWN <u>Imp. Grant Imp</u> | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Monroe Hospital</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Livonia, Mo.</u> |

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| 3. NAME OF DECEASED (Type or print) First <u>Jasper</u> Middle <u>C</u> Last <u>Brown</u> | | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>4</u> Year <u>60</u> | | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</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>2-24-89</u> | 9. AGE (last birthday) <u>70</u> | IF UNDER 1 YEAR Months <u>11</u> Days <u>10</u> | IF UNDER 24 HR Hours _____ Min. _____ | |
| 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 <u>general</u> | | 11. BIRTHPLACE (City and state or country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | |

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| 13a. FATHER'S NAME <u>John Brown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Manda Genders</u> | | 14. NAME OF HUSBAND OR WIFE <u>Audrey Brown</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>Yes WWI</u> | | 16. SOCIAL SECURITY NO. <u>497-46-5082</u> | | 17. INFORMANT <u>Audry Brown-Livonia, 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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | <u>Coronary Occlusion 10 mins</u> | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. | <u>arteriosclerosis & hypertension</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Had coronary infarction 2 months ago</u> | | 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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| 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 Dec 6-59 to Feb 4-60 and last saw him alive on Feb 4-60
Death occurred at 8:20 m 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>Chas J. Husted</u> | | 22b. ADDRESS <u>Unionville, Mo</u> | | 22c. DATE SIGNED <u>2-5-60</u> |
| 23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Feb. 7, 60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>Livonia, Mo.</u> | |

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| 24. FUNERAL DIRECTOR <u>F.O. Husted & Son-Unionville, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-6-60</u> | 26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u> |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 8 1960

MAR 8 1960

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 Murl E. Susted

Licensed Embalmer No. 3304

P. O. Address Unonville,

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.