

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. FEB 29 1960 53

Primary Registration District No. 3010

Registrar's No. 83

-60-005389
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bollinger					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAPE GIRARDEAU		Length of stay in 1b 2 weeks.		c. CITY OR TOWN Lutesville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION So. E. Mo. 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 FLORA Middle BROWN Last BROWN				4. DATE OF DEATH Month Feb. Day 20 Year 1960					
5. SEX J.	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-10-1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 8 Days 10	IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hom.			10b. KIND OF BUSINESS OR INDUSTRY L		11. BIRTHPLACE (City and state or country) NOBLICK, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME FREELAND BAYLESS			13b. MOTHER'S MAIDEN NAME FANNIE GALLUP			14. NAME OF HUSBAND OR WIFE LOUIS BROWN (deceased)			
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. None		17. INFORMANT Mrs. Lula Myers, Lutesville, Mo.			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease & myocarditis									
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Leukemia						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 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 Oct 2, 1953 to Feb 20, 1960 and last saw him alive on Feb 20, 1960				Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John Casper (Degree or title)				22b. ADDRESS Casper Mo		22c. DATE SIGNED Feb 26, 1960			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 22, 1960	23c. NAME OF CEMETERY OR CREMATORY Myers Cemetery		23d. LOCATION (City, town, or county) Bollinger Co. Mo.			23e. STATE Mo.	
24. FUNERAL DIRECTOR Baber Funeral Home, Lutesville, Mo.				25. DATE RECD. BY LOCAL REG. 2-25-1960		26. REGISTRAR'S SIGNATURE Lure Kasten			

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

J. E. Graham

Licensed Embalmer No. 4010

P. O. Address

Lutesville, Va

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.