JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-005719

STATE FILE NUMBER

FILED VS FEB 26 1960

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 34

NDED

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Co. Memorial — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dunklin
c. CITY OR TOWN Kennett — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 707 East Fourth — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Lawrence Middle Clarence Last Brown

4. DATE OF DEATH Month 2-14-1960 Day Year

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6-5-1930

9. AGE (last birthday) 29 — IF UNDER 1 YEAR Months 8 Days 9 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman

10b. KIND OF BUSINESS OR INDUSTRY Furniture

11. BIRTHPLACE (City and state or country) Manila, Ark.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Marshall E. Brown

13b. MOTHER'S MAIDEN NAME Maggie M. Brooks

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 486-38-3286

17. INFORMANT C.L.Brown Address El Mirage, Arizona

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Broncho-pneumonia bilateral — INTERVAL BETWEEN ONSET AND DEATH 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Streptococcus & Staphylococcus
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 4 Feb 60 to 14 Feb 60 and last saw her/him alive on 13 Feb 60
Death occurred at Approximately 6:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joe A. Zimmerman M.D.

22b. ADDRESS Kennett, Mo.

22c. DATE SIGNED 16 Feb 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-15-1960

23c. NAME OF CEMETERY OR CREMATORY Oak Ridge

23d. LOCATION (City, town, or county) Kennett Mo. (State)

24. FUNERAL DIRECTOR ADDRESS McDaniel Funeral Ser. Kennett, Mo.

25. DATE RECD. BY LOCAL REG. Feb 20-1960

26. REGISTRAR'S SIGNATURE Earl L Husband

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

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 Tommy L. Bohanty

Licensed Embalmer No. 4886

P. O. Address Kennett, C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.