

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012181

FILED VS. APP 1.1.1960 297

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 49

STATE FILE NUMBER

| | | | | | |
|--|---|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Ray | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond | | Length of stay in 1b 34 yrs. | c. CITY OR TOWN Richmond | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 197 Morningside Drive | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 197 Morningside Drive | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First TINSLEY Middle — Last BROWN | | | 4. DATE OF DEATH Month April Day 3 Year 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 4/3/1890 | 9. AGE (last birthday) 70 | IF UNDER 1 YEAR Months Days 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 Feed & farm supplies | 11. BIRTHPLACE (City and state or country) Hamilton, Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Tinsley Brown, sr. | | 13b. MOTHER'S MAIDEN NAME Mary R. Austin | | 14. NAME OF HUSBAND OR WIFE Gayle Gartside Brown | |
| 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. 487-07-1841 | 17. INFORMANT Address Mrs. Gayle G. Brown, Richmond, 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 heart attack Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO Asthma, Chronic, Bronchial 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 Yes | | | | | |
| 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 Month, Day, Year a.m. p.m. | | | | | |
| 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 1-2-56 to 4-3-60 and last saw her/him alive on 4-3-60 Death occurred at 4-3-60 7:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22. SIGNATURE G. K. Davault (Degree or title) | | 22b. ADDRESS Richmond | | 22c. DATE SIGNED 4-4-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE April 5, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery | 23d. LOCATION (City, town, or county) Hamilton, Mo. | | |
| 24. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo. | | 25. DATE RECD. BY LOCAL REG. 4-6-1960 | 26. REGISTRAR'S SIGNATURE Mabel Jackson | | |

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

~~by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Levant Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

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.