

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018325

FILED VS. JUN 13 1960

38

Primary Registration District No. 3006

Registrar's No. 332

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in lb <u>5 mos. 22d.</u>		c. CITY OR TOWN <u>GRANBY</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>UNIVERSITY OF MO. MEDICAL CENTER</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt #2</u>	
3. NAME OF DECEASED (Type or print) First <u>Heber</u> Middle <u>JAMES</u> Last <u>BROWN</u>				4. DATE OF DEATH Month - Day Year <u>6 - 7 - 60</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10-6-99</u>	
				9. AGE (last birthday) <u>60</u>		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) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>GRANBY, Mo.</u>	
13a. FATHER'S NAME <u>Gabe BROWN</u>				13b. MOTHER'S MAIDEN NAME <u>Lucy Hester</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>University of Mo. Medical Records.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia, lobular</u>							INTERVAL BETWEEN ONSET AND DEATH <u>? 1 week</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) <u>Glioblastoma Multiforme, L. temporal Region</u> ? 6 months
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 <u>Dec. 16, 1959</u> to <u>June 7, 1960</u> and last saw her/him alive on <u>June 6, 1960</u> Death occurred at <u>6:30 AM June 7, 1960</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Earl J. Whittle, Jr. M.D.</u>				22b. ADDRESS <u>U. of Mo. Medical Center</u>			22c. DATE SIGNED <u>6/7/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>June 8 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MISSOURI</u>		23d. LOCATION (City, town, or county), (State) <u>GRANBY MISSOURI</u>	
24. FUNERAL DIRECTOR ADDRESS <u>PARKERS FUNERAL SERVICE COLUMBIA MISSOURI</u>				25. DATE RECD. BY LOCAL REG. <u>June 7 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs RE Palmer</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 1 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George Kerby

Licensed Embalmer No. 4252

P. O. Address Columbia

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.