...URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 7 1960

-60-035642

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 157

...MENDED

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti — Length of stay in 1b 5 mo.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 210 N. Cedar — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Hayti — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 210 N. Cedar — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: James Anthony BROWN

4. DATE OF DEATH Month Day Year: October 2, 1960

5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-4-1960
9. AGE (last birthday) — IF UNDER 1 YEAR Months 5 Days 28 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: *-*-*-*-*-*-*-*-*
11. BIRTHPLACE (City and state or country): Hayti, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: James W. Brown
13b. MOTHER'S MAIDEN NAME: Mattie B. Jackson
14. NAME OF HUSBAND OR WIFE:

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. * * * * * * * * *
17. INFORMANT Address Hayti, Missu: Mattie B. Jackson, 210 N. Cedar/

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 — INTERVAL BETWEEN ONSET AND DEATH 5 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cold
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 ☒ NK
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 10/1/60 to 10/2/60 and last saw her him alive on 10/2-1960
Death occurred at 6 am 10/2/60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L D Denton MD
22b. ADDRESS Hayti, Missouri
22c. DATE SIGNED 10-3-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-3-60
23c. NAME OF CEMETERY OR CREMATORY Concord Cemetery
23d. LOCATION (City, town, or county) (State) Pemiscot Co. Missouri

24. FUNERAL DIRECTOR ADDRESS John W. German Fun. Home, Hayti, Mo.
25. DATE RECD. BY LOCAL REG. 10-4-60
26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

(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 r

or by _____, Student*Embalmer No._____

working under my personal supervision.

Student_____ Signed John W. Dezman

Signature of Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, Missouri

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.