

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041538

FILED VS NOV 18 1960

STATE FILE NUMBER

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 29

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|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY FRANKLIN | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PACIFIC | | Length of stay in 1b 1 YR. | c. CITY OR TOWN EUREKA | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION CORBETT NURS. HOME | | 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 ANDREW Middle W. Last BROWN | | | 4. DATE OF DEATH Month Nov. Day 4 Year 1960 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH JUL. 3, 1874 | 9. AGE (last birthday) 85 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING - RET. | | 10b. KIND OF BUSINESS OR INDUSTRY SELF | 11. BIRTHPLACE (City and state or country) LINCOLN COUNTY, Mo. | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME ROBERT BROWN | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE SUSAN HARDESTY 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. UNKNOWN | 17. INFORMANT EVAHINE BROWN Address EUREKA, 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) arteriosclerosis hyperkeratotic heart disease & coronary thrombosis | | | | | INTERVAL BETWEEN ONSET AND DEATH 14 days |
| DUE TO (b) _____ | | | | | |
| DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Several arteries sclerotic among the hypertrophic aorta | | | | | 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 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 _____ 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 15 - 1960 to Nov. 4 - 60 and last saw him alive on 11/3/60 Death occurred at 6 AM 11/4/60 m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE A. Recker M.D. (Degree or title) | | | 22b. ADDRESS Pacific av | | 22c. DATE SIGNED 11/8/60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE Nov. 6, 1960 | 23c. NAME OF CEMETERY OR CREMATORY New Salem | | 23d. LOCATION (City, town, or county) (State) Winfield, Mo. | |
| 24. FUNERAL DIRECTOR O.C. Ricks ADDRESS ELSBERRY, Mo. | | | 25. DATE RECD. BY LOCAL REG. Nov. 6 - 1960 | | 26. REGISTRAR'S SIGNATURE Mary B. Green |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 8 T AON SA

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

G. G. Gault

Licensed Embalmer No. 4017

P. O. Address Elaberry, Pa

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.