

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042626

FILED VS DEC 12 1960

174 Primary Registration District No. 3035 Registrar's No. 112

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY LAFAYETTE		b. CITY (If outside corporate limits, give TOWNSHIP only) LEXINGTON		Length of stay in 1b 5 DAYS		c. CITY OR TOWN HIGGINSVILLE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 300 WEST BROADWAY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
LEO LAWRENCE BROWN			DECEMBER 4 - 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 MARCH 19 - 1903	9. AGE (last birthday) 57	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) MACHINEBT		10b. KIND OF BUSINESS OR INDUSTRY Self-employed		11. BIRTHPLACE (City and state or country) HULVILLE MO		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ANDREW C. BROWN		13b. MOTHER'S MAIDEN NAME FRANCIS E. HEWITT		14. NAME OF HUSBAND OR WIFE TENA M. BROWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. 895-01-1320		17. INFORMANT Address MRS Wm Poppers HIGGINSVILLE MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Myocardial Infarction						4 days	
DUE TO (b) Hypertensive C-U Disease						Unknown	
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 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 1948 to 12-4-60 and last saw him alive on 12-4-60 . Death occurred at 3:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Robert B. Best, M.D.				22b. ADDRESS Higginsville, Mo.		22c. DATE SIGNED 12/8/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC 6 - 1960		23c. NAME OF CEMETERY OR CREMATORY LIBERTY CEMETERY		23d. LOCATION (City, town, or county) (State) WARRENSBURG, JOHNSON CO. MO	
24. FUNERAL DIRECTOR ADDRESS WIEGERS-RIEKEHOE HIGGINSVILLE MO 12-10-60				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Wm E. Eubank	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 9 T 030

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 Roy F. Wiegman

Licensed Embalmer No. 2883

P. O. Address Higginsville

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.