

JRI DIVISION OF HEALTH AND STANDARD CERTIFICATE OF DEATH

-60-046683

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE OF MISSOURI
FILED VS DEC 23 1960

Primary Registration District No. **2025** Registrar's No. **114**

STATE FILE NUMBER

| | | | | | |
|--|---|---|--|--|---|
| 1. PLACE OF DEATH a. Lafayette | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Missouri Lafayette | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington | | Length of stay in 1b 6 Yr. | c. CITY OR TOWN Lexington | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION Lexington Memorial Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Wentworth Military Acad. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last LAWRENCE R. BROWN | | | 4. DATE OF DEATH Month Day Year December 6, 1960 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH November 28, 1920 | 9. AGE (last birthday) 40 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher | | 10b. KIND OF BUSINESS OR INDUSTRY Education | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A |
| 13a. FATHER'S NAME C. L. (Roy) Brown | | 13b. MOTHER'S MAIDEN NAME Myrtle Orr | | 14. NAME OF HUSBAND OR WIFE None | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W. 2 (37388082) | | 16. SOCIAL SECURITY NO. 389-32-9293 | | 17. INFORMANT Hosp. Records | |
| 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) Acute-posterior wall-myocardial infarct | | | | | sudden |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | |
| 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) 1st attack coronary in February 1960. | | | | 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 Nov. 1957 to Dec. 6 '60 and last saw ^{her} him alive on Dec. 6, 1960 Death occurred at 12:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>Ben H. Brasher</i> | | (Degree or title) M.D. | | 22b. ADDRESS Lexington, Mo | |
| 22c. DATE SIGNED 12/7/60 | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE 12/7/60 | 23c. NAME OF CEMETERY OR CREMATORY McLaughlin Funeral Home | | 23d. LOCATION (City, town, or county) (State) St. Louis, Mo | |
| 24. FUNERAL DIRECTOR Vaughn-Walker | | ADDRESS Lexington, Mo. | | 25. DATE RECD. BY LOCAL REG. 12-12-60 | 26. REGISTRAR'S SIGNATURE <i>M. E. Eastabrook</i> |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 23 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Harold L. Walker

Licensed Embalmer No. 45

P. O. Address Leipzig, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.