

ED VS JAN 3 1961
 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046746

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 4299 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bucklin,</u>		Length of stay in 1b <u>3 years</u>	c. CITY OR TOWN <u>Bucklin,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>31 Locust Street</u>		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 type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Alta</u> Middle <u>E.</u> Last <u>Brown</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>24,</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/16/1882</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>70</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and state or country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Bowles</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Kenny</u>		14. NAME OF HUSBAND OR WIFE <u>Oscar J. Brown, deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>498-40-6115</u>	17. INFORMANT Address <u>Lowell Brown, Bucklin, Missouri</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) Cerebro-vascular accident & thrombosis! INTERVAL BETWEEN ONSET AND DEATH 2 days.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis
 DUE TO (c) Senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
CVA. (cerebral hemorrhage) May 1960

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No 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 <u>11:20 p.m.</u> Month, Day, Year <u>May 1960</u>		

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 <u>Bucklin, Missouri</u>
21. I attended the deceased from <u>May 1960</u> to <u>Dec 24 1960</u> and last saw her <u>alive on 12-22-60</u> Death occurred at <u>11:20 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>John R. [Signature]</u> (Degree or title)	22b. ADDRESS <u>Frankford Mo</u>	22c. DATE SIGNED <u>12-26-60</u>
23b. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Bucklin, Missouri</u>

24. FUNERAL DIRECTOR <u>Larson Funeral Service, Bucklin, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 28, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Katharine Johnson [Signature]</u>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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 C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Mis

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.