

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000279

FILED VS JAN 16 1961

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

DATE AMENDED
 AMENDED
 ITEM NO. SHOULD READ
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 BY AFFIDAVIT OF
 M.H. Christ, M.D.

1. PLACE OF DEATH a. COUNTY <i>Buchanan</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Buchanan</i>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Joseph</i>		Length of stay in 1b <i>37 years</i>		c. CITY OR TOWN <i>St. Joseph</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo. Methodist Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>6003 Pryor Ave</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <i>Harvey</i> Middle <i>Raymond</i> Last <i>Brown</i>				4. DATE OF DEATH Month <i>January</i> Day <i>6</i> Year <i>1961</i>									
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Nov. 10, 1901</i>		9. AGE (last birthday) <i>59</i>		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) <i>Laborer</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Cold storage warehouse</i>		11. BIRTHPLACE (City and state or country) <i>Bethany Missouri</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>					
13a. FATHER'S NAME <i>Albert Brown</i>				13b. MOTHER'S MAIDEN NAME <i>Georgia Weddle</i>				14. NAME OF HUSBAND OR WIFE <i>none</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <i>No</i> or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <i>497-10-8857</i>		17. INFORMANT Address <i>Georgia Brown 6003 Pryor Ave.</i>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerotic heart disease</i> DUE TO (b) <i>with Congestive Failure</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Prostatic Hypertrophy</i>										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 <i>Dec 1955</i> to <i>Jan 1961</i> and last saw her him alive on <i>Jan 6, 1961</i> Death occurred at <i>8:15 pm</i> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>Merton H. Christ M.D.</i>						22b. ADDRESS <i>6106 King Hill Ave</i>				22c. DATE SIGNED <i>1-7-61</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			23b. DATE <i>Jan. 8, 1961</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Union Star Cemetery</i>			23d. LOCATION (City, town, or county) (State) <i>Union Star, Mo.</i>					
24. FUNERAL DIRECTOR <i>Clark Funeral Home St. Joseph, Mo.</i>					25. DATE RECD BY LOCAL REG. <i>Jan. 10, 1961</i>		26. REGISTRAR'S SIGNATURE <i>Mr. Clark Goodell</i>						

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed *Evan A. Clark*

Licensed Embalmer No. 4238

P. O. Address *St. Joseph Mo.*

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.