

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026640

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 647E STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Frazier Nur. Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY _____
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4512 W. Pine Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last EFFIE I. BROWN 4. DATE OF DEATH July 11, 1961 Month Day Year

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-14-80 9. AGE (last birthday) 81 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Clarendon, Ark. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James S. Seals 13b. MOTHER'S MAIDEN NAME Mattie Arnold 14. NAME OF HUSBAND OR WIFE Broda C. 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. None 17. INFORMANT Josephine Ashley, 4542 A Ashley Address _____

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 thrombosis INTERVAL BETWEEN ONSET AND DEATH 3 days
 DUE TO (b) _____
 DUE TO (c) 332x

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 Jan 6 / 11:50 P.M. to July 1961 and last saw her/him alive on 7-5-61. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) _____ 22b. ADDRESS 1005 Big Bear 22c. DATE SIGNED 7-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE JULY 12, 1961 23c. NAME OF CEMETERY OR CREMATORY MEMORIAL GARDENS 23d. LOCATION (City, town, or county) (State) TEXARKANA ARK.

24. FUNERAL DIRECTOR Thomas Kutis, 2906 Gravois ADDRESS _____ 25. DATE RECD. BY LOCAL REG. JUL 12 1961. 26. REGISTRAR'S SIGNATURE Loed Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT
 ITEM NO. SHOULD READ. BY AFFIDAVIT OF

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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 Looney Thompson Jr

Licensed Embalmer No. 4861

P. O. Address Blaine 5, 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.