

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED AUG 29 1961

-61-028248

STATE FILE NUMBER

AMENDED

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 94

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ATCHISON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE IOWA b. COUNTY FREMONT					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bushman		Length of stay in 1b 10 YEARS		c. CITY OR TOWN HAMBURG		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 mi. S.E. HAMBURG, IA.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4 mi. N.W. HAMBURG		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last FRANK JAMES BROWN				4. DATE OF DEATH Month Day Year AUGUST 25, 1961					
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-30-1882		9. AGE (last birthday) 79 IF UNDER 1 YEAR IF UNDER 24 HR Months 6 Days 25 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) ATCHISON CO., MO.		12. CITIZEN OF WHAT COUNTRY U.S.A		
13a. FATHER'S NAME ALEX BROWN			13b. MOTHER'S MAIDEN NAME JULIA BOGER			14. NAME OF HUSBAND OR WIFE MAUDE BROWN (dec)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch or dates of service) NO			16. SOCIAL SECURITY NO. <i>not available</i>		17. INFORMANT Address Franklin W. Paul, HAMBURG, IOWA.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) Coronary arteriosclerosis. DUE TO (c)								INTERVAL BETWEEN ONSET AND DEATH 10 min.	
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 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 Month, Day, Year a.m. p.m.		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 July 55 to Aug 25, 61 and last saw her ^{her} alive on 8-25-61 Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Wallace Carpenter				22b. ADDRESS Rock Port mo.				22c. DATE SIGNED 8-26-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8-28-1961		23c. NAME OF CEMETERY OR CREMATORY HAMBURG CEMETERY		23d. LOCATION (City, town, or county) (State) HAMBURG, IOWA.			
24. FUNERAL DIRECTOR ADDRESS C.E. BERTRAM, ROCK PORT, MISSOURI				25. DATE RECD. BY LOCAL REG. Aug 27, 1961		26. REGISTRAR'S SIGNATURE Tharvin N. Schaefer			

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 *R. E. Burton*

Licensed Embalmer No. 1764

P. O. Address Rock Point 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.