

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028614

STATE FILE NUMBER

Registration District No. 29 Primary Registration District No. _____ Registrar's No. 143

AMENDED

FILED SEP 5 1961

1. PLACE OF DEATH a. COUNTY <u>CASS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CASS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DREXEL</u>	Length of stay in 1b <u>3 YRS</u>	c. CITY OR TOWN <u>DREXEL</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>317 CASS ST.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>317 CASS ST.</u>

3. NAME OF DECEASED (Type or print) First Middle Last <u>GEORGE WESLEY BROWN</u>			4. DATE OF DEATH Month Day Year <u>August 19, 1961</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/12/1896</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MECHANIC-AUTO</u>	11. BIRTHPLACE (City and state or country) <u>PRESCOTT, IOWA</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>PHILIP H. BROWN</u>	13b. MOTHER'S MAIDEN NAME <u>MARY E. JONES</u>	14. NAME OF HUSBAND OR WIFE <u>MILDRED BROWN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWT</u>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>MILDRED BROWN DREXEL, MO.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Parkinson's Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 YRS.</u>
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)	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
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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 May 1, 1960 to Aug 19, 1961 and last saw him live on Aug 18, 1961
Death occurred at 5 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Boris A. Hartwell M.D.</u>	22b. ADDRESS <u>Drexel Mo</u>	22c. DATE SIGNED <u>8/23-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8/23/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NEW LANCASTER CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>NEW LANCASTER, KANSAS</u>
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24. FUNERAL DIRECTOR <u>RUNYAN FUNERAL HOME</u>	ADDRESS <u>DREXEL, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>Aug 23-1961</u>	26. REGISTRAR'S SIGNATURE <u>Mar Roy Lebee</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 6 1961

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 Larry L. Dodd

Licensed Embalmer No. 5111

P. O. Address Duval, 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.