MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-038036
STATE FILE NUMBER

AMENDED

Registration District No. 292 Primary Registration District No. _____ Registrar's No. 125

FILED OCT 18 1961

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rt 1 Halfway, Mo
Length of stay in 1b: 42 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Polk
c. CITY OR TOWN: Halfway
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Gene; Middle: None; Last: Brown
4. DATE OF DEATH: Month: October; Day: 7; Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 14, 1891
9. AGE (last birthday): 70
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): Minister
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and state or country): Polk County
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William H. Brown
13b. MOTHER'S MAIDEN NAME: Phnicia Fleeman
14. NAME OF HUSBAND OR WIFE: Winnie Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
17. INFORMANT: Dr. C. H. Barnett
Address: Bolivar, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary sclerosis — 10 yrs
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. ☐ 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 May 1956 to Oct 7 1961 and last saw him alive on Oct 4 1961
Death occurred at 1:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: C. H. Barnett (Degree or title) MD
22b. ADDRESS: Bolivar Mo
22c. DATE SIGNED: 10-9-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/10/61
23c. NAME OF CEMETERY OR CREMATORY: Mt. Gilead
23d. LOCATION (City, town, or county): S. E. Bolivar, (State): Mo
24. FUNERAL DIRECTOR: Paul O. Butler
ADDRESS: Bolivar, Mo
25. DATE RECD. BY LOCAL REG.: Oct. 13, 1961
26. REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

OCT 19 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_____ Signed Paul D Butler

Signature of Student Embalmer

Licensed Embalmer No. 4471

P. O. Address Bolivar

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.