

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-045797

REGISTRATION DISTRICT NO. 274 PRIMARY REGISTRATION DISTRICT NO. 2 REGISTRAR'S NO. 380 STATE FILE NUMBER

AMENDED **FILED DEC 18 1961**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	
Length of stay in lb 10 years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 3		d. STREET ADDRESS Route 3 (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle William Last Sandra			4. DATE OF DEATH Month 12 Day 18 Year 1961
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-25-15
9. AGE (last birthday) 46		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen Agriculture	11. BIRTHPLACE (City and state or country) Deepwater, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Walter L. Brown	
13b. MOTHER'S MAIDEN NAME Annie Phillips		14. NAME OF HUSBAND OR WIFE Lucile Brown Sandra	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO.	
17. INFORMANT Walter L. Brown, Green Ridge, Mo.		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) Cerebral Trauma			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Tanahot wound, .22 Cal. Long Rifle, entering at temple, lodging in brain, with small fragment of bullet remaining about 2" above entrance + lodging in ceiling of room.			
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self-inflicted gunshot wound with .22 Cal. Rifle.	
20c. TIME OF INJURY Hour 6 a.m.	Month, Day, Year 12-11-61		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ind home	20f. CITY, TOWN, OR LOCATION Sedalia, RR#3, Pettis Mo.	COUNTY Pettis STATE Mo.
21. I viewed the body of the deceased, as Deputy Coroner of Pettis County, at 10:15 AM Death occurred at 6 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.M. Rodeman, M.D. Deputy Coroner		22b. ADDRESS Jordan Bldg. Sedalia, Mo.	22c. DATE SIGNED 12-11-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried	23b. DATE 12/13/61	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) Sedalia, Missouri (State)
24. GENERAL DIRECTOR Alvane Cowan	ADDRESS Sedalia, Mo.	25. DATE RECD. BY LOCAL REG. 12-12-1961	REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

DEC 19 1961

JAN 3 1962

FEB 7 1962

APR 12 1962

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 *Shane Ewing*
Licensed Embalmer No. 3847

P. O. Address *Delhi*

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.