

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005569

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 269

STATE FILE NUMBER

AMENDED

**FILED MAR 12 1962**

|  |  |   |   |   |   |
|--|--|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Buchanan</u> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Joseph</u>   |  | Length of stay in 1b<br><u>Unk</u>  | c. CITY OR TOWN <u>St. Joseph,</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>703 Riverview</u>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>703 Riverview</u>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Paul</u> Middle <u>Lester</u> Last <u>Brown</u>   |  |   | 4. DATE OF DEATH<br>Month <u>Feb</u> Day <u>27</u> Year <u>1962</u>   |   |   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>       | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Feb 23, 1903</u>   | 9. AGE (last birthday)<br><u>58</u>   | IF UNDER 1 YEAR<br>Months _____ Days _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>laborer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Unk</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Maryville, Mo</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |
| 13a. FATHER'S NAME<br><u>Robert L. Brown</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Nellie Awalt</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>none</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)   (If yes, give war or dates of service)<br><u>no</u>   |  | 16. SOCIAL SECURITY NO.<br><u>unk</u>   |   | 17. INFORMANT<br><u>Mrs. H.H. Wright, Atchison Kansas</u><br>Address _____  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Apparently Natural Causes; Unattended Death;</u><br>DUE TO (b) <u>Investigated by City Health Department.</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>12</u>   |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ 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 _____ to _____ and last saw her/him alive on _____<br>Death occurred at <u>3 P.M.</u> on the _____ stated above, and to the best of my knowledge, from the causes stated.   |  |   |   |   |   |
| 22a. SIGNATURE<br><u>Robert H. Kieber, M.D.</u> (Degree) _____   |  |   | 22b. ADDRESS<br><u>City Health Dept. St. Joseph, Mo</u>   |   | 22c. DATE SIGNED<br><u>3-2-62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>3/1/62</u>             | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Miram cemetery</u>   |   | 23d. LOCATION (City, town, or county) (State)<br><u>Maryville, Mo</u>   |   |
| 24. FUNERAL DIRECTOR<br><u>John E. Sapp</u> ADDRESS <u>St. Joseph, Mo</u>  |  | 25. DATE RECD. BY LOCAL REG.<br><u>Mar. 5, 1962</u>   |   | 26. REGISTRAR'S SIGNATURE<br><u>Wm. Clark Goodell</u>   |   |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

8-23-62

Divorced

DOCUMENT

Never Married

Infirmary

BY AFFIDAVIT OF

R. Kieber, M.D. MEDICAL CERTIFICATION

