MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-013749
STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 62

FILED MAR 26 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0975
2 0971
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4 1
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marshall — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Fitzgibbon Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Slater — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 303 N. Euclid — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First NINA — Middle AUBRY — Last BROWN
4. DATE OF DEATH: Month March — Day 19 — Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/3/1881
9. AGE (last birthday): 80 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Slater, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Francis A. Howard
13b. MOTHER'S MAIDEN NAME: Elie S. Lyne
14. NAME OF HUSBAND OR WIFE: G.C. Brown, Sr.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. H. W. Gibbons, Address: Slater, 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): Myocarditis - chr - c failure — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral hemorrhage — 5 7 days
DUE TO (c): Essential hypertension — 20 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized arteriosclerosis
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 Sept. 1942 to Mar. 19, 1962 and last saw her alive on Mar. 19, 1962
Death occurred at 2:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. A. McBurney (Degree or title) M.D.
22b. ADDRESS: Slater, Mo.
22c. DATE SIGNED: 3/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/22/1962
23c. NAME OF CEMETERY OR CREMATORY: Rehobeth
23d. LOCATION (City, town, or county) (State): Slater, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Haines Funeral Home, Slater, Mo.
25. DATE RECD. BY LOCAL REG.: 3-21-62
26. REGISTRAR'S SIGNATURE: Cecil J. Read

(Licensed Embalmer's Statement on Reverse Side)

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 Walter J. Haine, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, 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.