

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

86-62-014942
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 86

FILED MAY 7 1962	
1. PLACE OF DEATH	
a. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton Length of stay in 1b Years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whitfield Nursing Home Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE Mo. b. COUNTY Grundy	
c. CITY OR TOWN Trenton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) 1015 Cedar St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last	
Retta Mae Brown	
4. DATE OF DEATH Month Day Year April 24, 1962	
5. SEX Female	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-11-80
9. AGE (last birthday) 82	
IF UNDER 1 YEAR IF UNDER 24 HR	
Months Days 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 At Home	
11. BIRTHPLACE (City and state or country) Livengston Co., Mo.	
12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Wm. Worth Allen	
13b. MOTHER'S MAIDEN NAME Martha Turner	
14. NAME OF HUSBAND OR WIFE Floyd Brown (Decd.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Doran Proctor Address Trenton, Mo.	
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 Thrombosis INTERVAL BETWEEN ONSET AND DEATH April 10 to 24-1962	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerosis Indefinite	
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"/> N. <input type="checkbox"/> Unknown	
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 April 10-1962 to April 24-1962 and last saw her him alive on April 24-1962	
Death occurred at 2:45 A.M. a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) B.H. Peppers M.D.	
22b. ADDRESS Trenton, Mo.	
22c. DATE SIGNED 4-25-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-26-1962
23c. NAME OF CEMETERY OR CREMATORY Maple Grove	
23d. LOCATION (City, town, or county) (State) Trenton, Mo.	
24. FUNERAL DIRECTOR ADDRESS Gipson-Whitaker Trenton, Mo.	
25. DATE RECD. BY LOCAL REG. 4-26-62	
26. REGISTRAR'S SIGNATURE Juene Fair	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 1 0405
 2 0405
 3
 4 1
 5 2
 6
 7 0
 8 2
 9 332X
 10
 11
 12 86-0
 13 1-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 ITEM NO.
 SHOULD READ
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STANDARD

No.

STANDARD

Year of Birth

Place of Birth

Age

Sex

Address

Occupation

Signature of Deceased

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 *Robert W. Whitaker*

Licensed Embalmer No. 4780

P. O. Address Lawton, Okla.

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.