

Dr. P. Tsang
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030590

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1241

FILED AUG 21 1962

VS 300
 Rev. 4/59
6397
28030
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 4 0
 5 0
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 7 1
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91930x
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1240
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DATE AMENDED
9/7/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ
 18b Medulloblastoma malignant

BY AFFIDAVIT of attending physician

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY BOONE	
b. CITY (If outside corporate limits, give TOWNSHIP only) SPRINGFIELD		c. CITY OR TOWN HARRISON	
Length of stay in 1b 4 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		d. STREET ADDRESS (If outside, give location) 411 N. CENTER	
3. NAME OF DECEASED (Type or print) First JOE Middle DAVID Last BROWN		4. DATE OF DEATH Month AUG. Day 14 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/4/54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) HARRISON, ARK.
13a. FATHER'S NAME ABRAHAM L. BROWN		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) NO		17. INFORMANT A.L. BROWN, HARRISON, ARK.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRAIN TUMOR Cerebellum - (Medulloblastoma malignant)			INTERVAL BETWEEN ONSET AND DEATH weeks
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 checked="" type="checkbox"/> NO <input 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 3:30 a.m. p.m. Month, Day, Year		20f. CITY, TOWN, OR LOCATION HARRISON COUNTY BOONE STATE ARK.	
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.)	
21. I attended the deceased from 7-27-62 and last saw him alive on 8-14-62 Death occurred at 8-14-62 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John P. Tsang M.D.		22c. DATE SIGNED 8-15-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 8/14/62	
23c. NAME OF CEMETERY OR CREMATORY MAPLEWOOD		23d. LOCATION (City, town, or county) (State) HARRISON, ARK.	
24. FUNERAL DIRECTOR ADDRESS H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 8-20-62	
26. REGISTRAR'S SIGNATURE Effie S. McLean			

John Tsang, M.D.
 USE BLACK INK OR TYPEWRITER RIBBON

