(Licensed Embalmer's Statement on Reverse Side)

-62-039138

MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 203 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0497
2 0497
3 2
4 0
5 1
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9 420.1
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12 90-0
13 3-0

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

FILED NOV 8 1962

1. PLACE OF DEATH a. COUNTY JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARTHAGE — Length of stay in 1b 2 YEARS

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 712 SYCAMORE — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER

c. CITY OR TOWN CARTHAGE — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 712 SYCAMORE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ROBERT Middle G. Last BROWN

4. DATE OF DEATH Month NOVEMBER Day 2, Year 1962

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9-24-21

9. AGE (last birthday) 41 — 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) TRUCK DRIVER

10b. KIND OF BUSINESS OR INDUSTRY STEPHENS PRODUCE

11. BIRTHPLACE (City and state or country) SPRINGFIELD, MO.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME ROBERT GUY BROWN

13b. MOTHER'S MAIDEN NAME DAISY HUDDLESTON

14. NAME OF HUSBAND OR WIFE VIDA J. NAPIER BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

17. INFORMANT MRS. VIDA BROWN, Address CARTHAGE, 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) Occlusion, Coronary artery — INTERVAL BETWEEN ONSET AND DEATH Sudden death

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) arterosclerosis - Coronary artery — 1 year

DUE TO (c) insufficiency

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. ☐ 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 ____ to ____ and last saw him alive on Nov 2, 1962

Death occurred at 10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George H. Wood (Degree or title) MD.

22b. ADDRESS 1515 HAZEL, CARTHAGE, MO.

22c. DATE SIGNED 11-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 11-6-62

23c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY

23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI

24. FUNERAL DIRECTOR ULMER FUNERAL HOME, ADDRESS CARTHAGE, MO.

25. DATE RECD. BY LOCAL REG. 11-3-1962

26. REGISTRAR'S SIGNATURE Ell Clinton

NOV 9 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 Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, 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.