MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-048206

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11969 STATE FILE NUMBER

FILED DEC 2 1 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED; INSTEAD OF; SHOULD READ; ITEM NO.; DOCUMENT; BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 9 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 5528 Pershing — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5528 Pershing — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RAYMOND Middle ROY BROWN Last
4. DATE OF DEATH: Month December Day 13 Year 1962
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/28/1914
9. AGE (last birthday): 48 — 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): Order Filler
10b. KIND OF BUSINESS OR INDUSTRY: Int.Shoe Co
11. BIRTHPLACE (City and state or country): Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Earl W.Brown
13b. MOTHER'S MAIDEN NAME: Edith Poole
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.1
16. SOCIAL SECURITY NO.:
17. INFORMANT: Miss Ora Lee Brown — Address: 5528 Pershing Ave

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): Gen. Carcinomatosis adjacent to — INTERVAL BETWEEN ONSET AND DEATH: 6 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma of R lung. — 6 months
DUE TO (c): 163x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None
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 June 1962, to Dec 13 62 and last saw him alive on Nov 15
Death occurred at 7 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. B. Barnes M.D.
22b. ADDRESS: 5427 Delmar
22c. DATE SIGNED: 12-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial (Auto) Removal
23b. DATE: 12/15/62
23c. NAME OF CEMETERY OR CREMATORY: Bethelem Cemetery
23d. LOCATION (City, town, or county) (State): Macon, Mo

24. FUNERAL DIRECTOR — ADDRESS: ALEXANDER & SONS 6175 Delmar Blvd
25. DATE RECD. BY LOCAL REG.: DEC 14 1962
26. REGISTRAR'S SIGNATURE: Hoard Smith. M.D.

Dr. Robert Bassett 1-5 pm
5427 Delmar
FO 7-0392

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_____ Signed Vernon C. Vedder
Signature of Student Embalmer

Licensed Embalmer No. 5031

P. O. Address 6175 Delmar St. Louis 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.