

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049178

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 248
FILED DEC 26 1962

VS 300
Rev. 4/59

10975

209712

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY SALINE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SALINE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARSHALL		Length of stay in 1b 10 DAYS	c. CITY OR TOWN SLATER
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FITZGIBBON HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 103 N. BROADWAY
3. NAME OF DECEASED (Type or print) First Middle Last HUBERT BASIL BROWN		4. DATE OF DEATH Month Day Year DEC. 16 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JUNE 12, 1890
9. AGE (last birthday) 72		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) POSTMASTER		10b. KIND OF BUSINESS OR INDUSTRY POST OFFICE	11. BIRTHPLACE (City and state or country) GILLIAM, MO.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME WILLIAM H. BROWN	
13b. MOTHER'S MAIDEN NAME ELIZA (DON'T KNOW)		14. NAME OF HUSBAND OR WIFE LUTIE BROWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.I.		16. SOCIAL SECURITY NO. DON'T KNOW	
17. INFORMANT MRS. LUTIE BROWN, SLATER, MO.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiovascular Disease			INTERVAL BETWEEN ONSET AND DEATH 5 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Essential Hypertension			5 yr.
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral hemorrhage - Rt. hemiplegia			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 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 Month, Day, Year a.m. p.m.			
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 1960 to Dec. 16, 1962 and last saw him alive on Dec. 16, 1962 Death occurred at 11:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. A. McBurney M.D.		22b. ADDRESS Slater, Mo	22c. DATE SIGNED 12-17-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12/19/1962	23c. NAME OF CEMETERY OR CREMATORY SLATER	23d. LOCATION (City, town, or county) (State) SLATER, MO.
24. FUNERAL DIRECTOR HAINES FUNERAL HOME, SLATER, MO		25. DATE RECD. BY LOCAL REG. Dec. 19 '62	26. REGISTRAR'S SIGNATURE Lucile S. Reed

USE BLACK INK OR OR TYPewriter RIBBON

JAN 9 1963
FEB 6 MAR 9
1 1963

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. Haines, 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.