

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-021013

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 136

FILED JUN 11 1963

1. PLACE OF DEATH a. COUNTY <u>Phelps</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla</u> Length of stay in 1b <u>6 Months</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Phelps</u> c. CITY OR TOWN <u>Edgar Springs</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Hwy 63 North</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED First <u>HENRY</u> Middle <u>ISAAC</u> Last <u>BROWN</u>			4. DATE OF DEATH Month <u>June</u> Day <u>3</u> Year <u>1963</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> <u>Never Married</u> <input type="checkbox"/> <u>Widowed</u> <input type="checkbox"/> <u>Divorced</u> <input type="checkbox"/>	8. DATE OF BIRTH <u>4-27-1882</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. County Assessor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Assessor</u>		11. BIRTHPLACE (City and state or country) <u>Flat, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John A. Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Earhart</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Brown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give dates of serv)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Ella Brown</u> Address <u>Edgar Springs, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ca of prostate with acute hemorrhage 6 hours from L.N. trail</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u>The ca of prostate if of long duration? prob yrs.</u>					INTERVAL BETWEEN ONSET AND DEATH	
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 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 <u> </u> Month, Day, Year <u> </u> a.m. <u> </u> p.m. <u> </u>						
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 <u>6-2-63</u> to <u>6-3-63</u> and last saw ^{her} him alive on <u>6-3-63</u> Death occurred at <u>11. a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>E. E. Farnid m.D.</u>			22b. ADDRESS <u>Rolla mo.</u>		22c. DATE SIGNED <u>6-3-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-5-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Smith Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Edgar Springs, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Carl J. Glenn West 10th. st., Rolla, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>June 3, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Nadene L. Stoll</u>		

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0817
 2 0810
 3 2
 4 0
 5 1
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 7 0
 8 0
 9 177X
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 11
 12 86-0
 13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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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 Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, 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.

[Handwritten signature]