

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025143

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 41

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED JUL 5 1963</b>	
<p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <u>Moniteau</u></p> <p>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>California, Mo-Walker</u> Length of stay in 1b <u>1Mo5Days</u></p> <p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home-Mulburry St</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> COUNTY <u>Moniteau</u></p> <p>c. CITY OR TOWN <u>California, Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (if outside, give location) <u>Mulburry St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>3. NAME OF DECEASED</b> First Middle Last <u>Ellen Sue Brown</u></p>	
<p><b>4. DATE OF DEATH</b> Month Day Year <u>June 30 1963</u></p>	
<p><b>5. SEX</b> <u>Female</u> <b>6. COLOR OR RACE</b> <u>White</u> <b>7. Married</b> <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> <b>8. DATE OF BIRTH</b> <u>5/25/63</u> <b>9. AGE (last birthday)</b> IF UNDER 1 YEAR IF UNDER 24 HR</p>	
<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u> <b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u> <b>11. BIRTHPLACE</b> (City and state or country) <u>California, Mo</u> <b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u></p>	
<p><b>13a. FATHER'S NAME</b> <u>Lyle Brown</u> <b>13b. MOTHER'S MAIDEN NAME</b> <u>Phyllis Boatman</u> <b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u></p>	
<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <b>17. INFORMANT</b> <u>Lyle Brown-California, Mo</u> Address</p>	
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Congenital heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 weeks</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>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</p>	
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p><b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year</p>	
<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/> <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE</p>	
<p><b>21. I attended the deceased from</b> <u>death was first seen</u> to <u>8 AM</u> and last saw her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p><b>22a. SIGNATURE</b> (Degree or title) <u>Ryan Latham M.D. coroner California, Mo</u> <b>22b. ADDRESS</b> <u>California, Mo</u> <b>22c. DATE SIGNED</b> <u>6-30-63</u></p>	
<p><b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u> <b>23b. DATE</b> <u>7/1/63</u> <b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>City Cemetery</u> <b>23d. LOCATION</b> (City, town, or county) (State) <u>California, Mo</u></p>	
<p><b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Bowlin Funeral Home-California, Mo</u> <b>25. DATE RECD. BY LOCAL REG.</b> <u>7-1-63</u> <b>26. REGISTRAR'S SIGNATURE</b> <u>Helen Popejoy</u></p>	

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MEDICAL CERTIFICATION

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