

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029493

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 101

FILED AUG 6 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0850

2 0850

3 1

4 1

5 2

6

7 0

8 2

9 170X

10

11

12 1-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Pulaski | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pulaski | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville | | Length of stay in 1b --- | c. CITY OR TOWN Crocker |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pulaski County Hosp | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) DD Highway |
| 3. NAME OF DECEASED (Type or print) First Crocha Middle Mae Last Brown | | 4. DATE OF DEATH Month July Day 31 Year 1963 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Mar 8 1892 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | 9. AGE (last birthday) 71 |
| 13a. FATHER'S NAME Madison Gan | | 13b. MOTHER'S MAIDEN NAME Lina Gan | 12. CITIZEN OF WHAT COUNTRY USA |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No | | 14. SOCIAL SECURITY NO. ----- | 14. NAME OF HUSBAND OR WIFE William E Brown |
| 17. INFORMANT Sadie Henderson | | Address Waynesville Mo | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF THE BREAST | | | INTERVAL BETWEEN ONSET AND DEATH 6 WKS |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Metastasis to the lungs. | | | 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 _____ 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 Crocker, Missouri | STATE Missouri |
| 21. I attended the deceased from June 10, 1963 to July 31, 1963 and last saw her alive on July 31, 1963 Death occurred at 11:35 A on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>John A. Mihalovich</i> (Degree or title) | | 22b. ADDRESS DO Crocker, Missouri | 22c. DATE SIGNED 8-1-63 |
| 23a. BURIAL / CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8-3-1963 | 23c. NAME OF CEMETERY OR CREMATORY Deerlick Cemetery | 23d. LOCATION (City, town, or county) (State) Waynesville Pulaski Mo |
| 24. FUNERAL DIRECTOR <i>W. Williams</i> ADDRESS Moss-Williams Crocker Missouri | | 25. DATE RECD. BY LOCAL REG. 8-2-63 | REGISTRAR'S SIGNATURE <i>Charles Henderson</i> |

USE BLACK INK OR TYPEWRITER RIBBON

AUG 7 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 Clarice Pross

Licensed Embalmer No. 489C

P. O. Address Waynesville, 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.