

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032768

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 215

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		c. CITY OR TOWN Marionville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Community Hospital		d. STREET ADDRESS Route # 1	
3. NAME OF DECEASED (Type or print) First James Middle Roy Last Brown		4. DATE OF DEATH July 27, 1963	
5. SEX Male	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 May 16, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Mail Clerk		10b. KIND OF BUSINESS OR INDUSTRY Railway Mail Service	
13a. FATHER'S NAME William J. Brown		13b. MOTHER'S MAIDEN NAME Martha I. Jennings	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Albert Brown, Aurora, Missouri.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 4 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Coronary Artery Disease		DUE TO (c)	
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 a.m. p.m. Month, Day, Year		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 4:15 p.m. to 7/27/63 and last saw her alive on 7/27/63 Death occurred at 4:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) [Signature]	
22b. ADDRESS [Address]		22c. DATE SIGNED 7/29/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 30, 1963	
23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery		23d. LOCATION (City, town, or county) (State) Mt. Vernon, Missouri.	
24. FUNERAL DIRECTOR Bradford-Surridge, Marionville, Mo.		25. DATE RECD. BY LOCAL REG. 8-13-63	
26. REGISTRAR'S SIGNATURE Helen Meyer Reg.			

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

VS 300 Rev. 4/59

1 0551

2 0550

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13 6-0

Dr. Brown USE BLACK INK OR TYPEWRITER RIBBON

AUG 27 1963

SEP 17 1963
SEP 26 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 William A. Fuller

Licensed Embalmer No. 4658

P. O. Address Marionville

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.