

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043120

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 556

DO NOT WRITE ON THIS STUB
AMENDED

FILED DEC 13 1963

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>1 1/2 years</u>		c. CITY OR TOWN <u>Cape Girardeau</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hiway # 74, 4 mi. W.</u>		d. STREET ADDRESS (If outside, give location) <u>725 Independence</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Maude Ann Modean Brown</u>			4. DATE OF DEATH Month Day Year <u>Dec. 7, 1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-18-1925</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sport clothes mfg.</u>	9. AGE (last birthday) <u>38</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11a. FATHER'S NAME <u>G. E. Pittman</u>		11b. MOTHER'S MAIDEN NAME <u>Alice Deck</u>	11. BIRTHPLACE (City and state or country) <u>Grassy, Mo.</u> 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		14. NAME OF HUSBAND OR WIFE <u>Roby J. Brown</u>	
17. INFORMANT <u>Roby J. Brown</u>		Address <u>Cape Gir., 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>Shock</u> INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Broken neck, scalp on head almost completely</u>			
DUE TO (c) <u>swollen, broken right jaw, numerous abrasions on head.</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE, HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW, INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car skidded, hit culvert + she fell 20 ft. + hit her</u>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year <u>12-7-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway # 74</u>		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>8:05 P.</u> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Cape Gir., Mo.</u>	
22a. SIGNATURE (Degree or title) <u>Walter Ford</u> <u>Coroner</u>		22b. ADDRESS <u>Cape Girardeau, Mo.</u>	
22c. DATE SIGNED <u>12-9-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Barks Chapel Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-10-63</u>	
24. FUNERAL DIRECTOR <u>Ford & Sons</u>		25. DATE RECD. BY LOCAL REG. <u>12-10-63</u>	
ADDRESS <u>Cape Girardeau, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>James Kasten</u>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DEC 17 1963

DEC 17 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 W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cap. Girardeau, 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.