DO NOT WRITE ON THIS STUB

5a
7 - cy
7 - st
9b
9a
9c
10
12b
12a
13a
13b
13c & f
13e
13g
14
15
16
22b
23b
23 - sc1
23 - sc2
27d
27e - f
27g - st
27g - co
27g - cy
29a
29b

TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE OTHER SIDE AND HANDBOOK.

FILED JUN 25 1997

MISSOURI DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER **124 - 27 - 039294**

REGISTRATION DISTRICT NO. 009 REGISTRAR'S NUMBER DELAYED 235009

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Thomas W. Brown
2. SEX: male
3. DATE OF DEATH (Month, Day, Year): December 31, 1927
4. SOCIAL SECURITY NO.: none
5a. AGE - Last Birthday (Years): 74
5b. UNDER 1 YEAR: MONTHS 3 DAYS 27
5c. UNDER 1 DAY: HOURS MINUTES
6. DATE OF BIRTH (Month, Day, Year): 9-4-1853
7. BIRTHPLACE (City and State or Foreign Country): Clear Springs Jackson County, Indiana
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No ☐ Unk.
9a. PLACE OF DEATH (check only one; see instructions on other side): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☐ Nursing Home ☒ Residence ☐ Other (specify)
9b. FACILITY NAME (If not institution, give street and number):
9c. CITY, TOWN, OR LOCATION OF DEATH: Butterfield
9d. COUNTY OF DEATH: Barry
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): married
11. SURVIVING SPOUSE'S NAME (If wife, give full maiden name): Frances Isabel Logan
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): farmer
12b. KIND OF BUSINESS OR INDUSTRY:
13a. RESIDENCE - STATE: Missouri
13b. COUNTY: Barry
13c. CITY, TOWN, OR LOCATION: Butterfield
13d. ZIP CODE: 65625
13e. STREET AND NUMBER:
13f. INSIDE CITY LIMITS ☐ Yes ☒ No
13g. YEARS AT PRESENT ADDRESS ☒ Under 5 ☐ 5-9 ☐ 10-19 ☐ 20 or more
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): elementary College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): James A. Brown
18. MOTHER'S NAME (First, Middle, Maiden Surname): Jemima Johnson

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Ira C. Nickle
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 203 Hunters Ridge Dr., Lexington, SC 29072-7845

DISPOSITION

20a. BURIAL, CREMATION, OTHER (Specify): burial
20b. DATE OF DISPOSITION (Month, Day, Year): 1-1-1928
20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Oak Hill Cemetary
20d. LOCATION - City or Town, State: Cassville, Missouri
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ▶
22a. NAME AND ADDRESS OF FACILITY: Horine Funeral Home, Cassville, Mo.
22b. FUNERAL ESTABLISHMENT LICENSE NUMBER:

CAUSE OF DEATH

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) ▶	a. Nephritis	unknown
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d. DUE TO (OR AS A CONSEQUENCE OF):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? ☐ Yes ☐ No ☐ Unk.
25a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No
26. MANNER OF DEATH ☐ Natural ☐ Pending Investigation ☒ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
27a. DATE OF INJURY (Month, Day, Year):
27b. TIME OF INJURY: M
27c. WAS INJURY ALCOHOL-RELATED? (Not limited to decedent) ☐ Yes ☒ No ☐ Unk.
27d. INJURY AT WORK? ☐ Yes ☐ No ☐ Unk.
27e. DESCRIBE HOW INJURY OCCURRED:
27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (specify):
27g. LOCATION (Street and Number or Rural Route Number, City or Town, State):

CERTIFIER

28a. (Specify) ☐ CERTIFYING PHYSICIAN ☐ MEDICAL EXAMINER/CORONER
28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) ▶
28c. DATE SIGNED (Month, Day, Year):
28d. TIME OF DEATH: M
29a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print):
29b. MO. LICENSE NUMBER:
30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? ☐ Yes ☐ No
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
32. REGISTRAR'S SIGNATURE ▶ Garland H. Land
33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year): June 25, 1997

VS 300 Rev. 4/90
MO 580-0095 (4-90)

FOR USE BY PHYSICIAN OR INSTITUTION

NAME OF 09027

atatement from Ira C. Nickle Banner and Record from

a notarized statement from The Branstown Mo. Dec. 31

INSTRUCTIONS ON OTHER SIDE

Filed on the basis of Nickle- Obituary from the funeral home Died in Butterfield,

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 _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. _____

P.O. Address _____

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.

INSTRUCTIONS FOR SELECTED ITEMS

Item 9a - Place of Death

If the death was pronounced in a hospital, check the box indicating the decedent's status at the institution (inpatient, emergency room/outpatient, or dead on arrival (DOA)). If death was pronounced elsewhere, check the box indicating whether pronouncement occurred at a nursing home, residence, or other location. If other is checked, specify where death was legally pronounced, such as a physician's office, the place where the accident occurred, or at work.

Item 13a-g - Residence of Decedent

Residence of the decedent is the place where he or she actually resided. This is not necessarily the same as "home state," or "legal residence." Never enter a temporary residence such as one used during a visit, business trip, or a vacation. Place of residence during a tour of military duty or during attendance at college is not considered as temporary and should be considered as the place of residence. If a decedent had been living in a facility where an individual usually resides for a long period of time, such as a group home, mental institution, nursing home, penitentiary, or hospital for the chronically ill, report the location of that facility in items 13a through 13g. If the decedent was an infant who never resided at home, the place of residence is that of the parent(s) or legal guardian. Do not use an acute care hospital's location as the place of residence for any infant.

Item 23 - Cause of Death

The cause of death means the disease, abnormality, injury or poisoning that caused the death, not the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. In **Part I** the **immediate** cause of death is reported on line (a). Antecedent conditions, if any, which gave rise to the cause are reported on lines (b), (c), and (d). The **underlying** cause should be reported on the last line used in Part I. No entry is necessary on lines (b), (c), and (d) if the immediate cause of death on line (a) describes completely the train of events. ONLY ONE CAUSE SHOULD BE ENTERED ON A LINE. Additional lines may be added if necessary. Provide the best estimate of the interval between the onset of each condition and death. Do not leave the interval blank; if unknown, so specify. In **Part II**, enter other important diseases or conditions that may have contributed to death but did not result in the underlying cause of death given in Part I.

EXAMPLE OF PHYSICIAN CERTIFICATION:

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Rupture of myocardium — Mins.
DUE TO (OR AS A CONSEQUENCE OF):
b. Acute myocardial infarction — 6 days
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST
c. Chronic ischemic heart disease — 5 years
DUE TO (OR AS A CONSEQUENCE OF):
d.

CAUSE OF DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.: Diabetes, Chronic obstructive pulmonary disease, smoking

24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? ☐ Yes ☐ No ☐ Unk.

25a. WAS AN AUTOPSY PERFORMED? ☒ Yes ☐ No

25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☒ Yes ☐ No

26. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

27a. DATE OF INJURY (Month, Day, Year)

27b. TIME OF INJURY: M

27c. WAS INJURY ALCOHOL-RELATED? (Not limited to decedent) ☐ Yes ☐ No ☐ Unk.

27d. INJURY AT WORK? ☐ Yes ☐ No ☐ Unk.

27e. DESCRIBE HOW INJURY OCCURRED

27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (specify)

27g. LOCATION (Street and Number or Rural Route Number, City or Town, State)

EXAMPLE OF MEDICAL EXAMINER OR CORONER CERTIFICATION:

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac, respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Cerebral laceration — 10 mins.
DUE TO (OR AS A CONSEQUENCE OF):
b. Open skull fracture — 10 mins.
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST
c. Automobile accident — 10 mins.
DUE TO (OR AS A CONSEQUENCE OF):
d.

CAUSE OF DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.:

24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? ☐ Yes ☒ No ☐ Unk.

25a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☒ No

26. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☒ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

27a. DATE OF INJURY (Month, Day, Year): 11/15/85

27b. TIME OF INJURY: 1 p. M

27c. WAS INJURY ALCOHOL-RELATED? (Not limited to decedent) ☒ Yes ☐ No ☐ Unk.

27d. INJURY AT WORK? ☐ Yes ☒ No ☐ Unk.

27e. DESCRIBE HOW INJURY OCCURRED: 2-car collision-driver

27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (specify): Street

27g. LOCATION (Street and Number or Rural Route Number, City or Town, State): Route 4, Jefferson City, Missouri