

FILED AUG 11 1969

CERTIFICATE OF DEATH

69 0028093

Registration District No. 128 Primary Registration District No. zero Registrar's No. 1001-B

DO NOT WRITE ON THIS STUB

9. 0
10a. 69
10b.
11. 1
12. 1
13. 3959
14.
15. 9
16.
17.
18. 0
19. CREDITS
20.

VS 300
Rev. 1/68

4. 0397
5. 04

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0050

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST 1. Charles Russell BROWN			SEX 2. male	DATE OF DEATH (MONTH, DAY, YEAR) 3. July 23, 1969		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. white	AGE—LAST BIRTHDAY (YEARS) 5a. 69	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. July 24, 1899		COUNTY OF DEATH 7a. Greene
CITY, TOWN, OR LOCATION OF DEATH 7b. Springfield		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. St. John's Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Indiana	CITIZEN OF WHAT COUNTRY 9. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. married		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Lois Fawver Brown	
SOCIAL SECURITY NUMBER 12. 490-28-2372-A			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Doctor		KIND OF BUSINESS OR INDUSTRY 13b. Ostopathic Physician	
RESIDENCE—STATE COUNTY 14a. Missouri 14b. Barry	CITY, TOWN, OR LOCATION 14c. Seligman		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. yes	STREET AND NUMBER 14e.		
FATHER—NAME FIRST MIDDLE LAST 15. George Brown			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Mary Elizabeth Fahl			
INFORMANT—NAME 17a. Mrs. Lois Brown			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Seligman, Missouri			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE (a) Acute Stenosis					under 2 hrs	
DUE TO, OR AS A CONSEQUENCE OF: (b) Congestive Heart Failure					4 hrs	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (c) Renal Failure					2 wks	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO) 19a.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.		DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.		
INJURY AT WORK (SPECIFY YES OR NO) 20a.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20b.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 3-13-1969 TO 21b.			AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c.	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 1200 P.M.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.					HOUR OF DEATH M. 22b.	
THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 22c.			HOUR 22d.			
CERTIFIER—NAME (TYPE OR PRINT) 23a. Kenneth D. Herfkens, M.D.			SIGNATURE <i>Kenneth D. Herfkens</i>		DATE SIGNED (MONTH, DAY, YEAR) 23c. 7-31-69	
MAILING ADDRESS—CERTIFIER 23b. 609 Cherry			STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 23d. Springfield, Missouri 65806			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Seligman Cemetery		LOCATION CITY OR TOWN STATE 24c. Seligman, Missouri		
DATE (MONTH, DAY, YEAR) 24d. July 25, 1969		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. Culver's P.O. Box 266 Cassville, Missouri 65625				
FUNERAL DIRECTOR—SIGNATURE 25b. M.C. Henbest			REGISTRAR—SIGNATURE 26a. Bernice Medley Act		DATE RECEIVED BY LOCAL REGISTRAR 26b. August 4, 1969	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

7128

SEP 11 1969

AUG 9 1969

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 *Brian M. Abbott*

Licensed Embalmer No. 5115
P. O. Address *Springfield 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.