

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12536**

FILED APR 17 1957

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 3062		Registrar's No. 34			
1. PLACE OF DEATH a. COUNTY CHINTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CHINTON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN CAMERON		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home W. 2nd St.				e. STREET ADDRESS (If rural, give location) W. 2nd Street					
3. NAME OF DECEASED (Type or Print) BERTIE EARL BROWN			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH MAR. 27 - 1957				Month		Day		Year	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH JUNE 23, 1884		9. AGE (In years last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) DeKalb Co. MO		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John F. Brown.			13b. MOTHER'S MAIDEN NAME Emma Trotter.			14. NAME OF HUSBAND OR WIFE Never Married			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME Ray W. Brown		ADDRESS Cameron MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH Instant	
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21d. TIME OF INJURY		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Sept 1956 , to Mar 27, 1957 , that I last saw the deceased alive on Mar 26, 1957 , and that death occurred at 10 am from the causes and on the date stated above.									
23a. SIGNATURE T. O. Brown				(Degree or title) D. O. & Comm. M.D.		23b. ADDRESS 331x		23c. DATE SIGNED 4/15/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-30-57		24c. NAME OF CEMETERY OR CREMATORY DeKalb Cemetery		24d. LOCATION (City, town, or county) (State) North of Cameron MO			
DATE REC'D BY LOCAL REG. 4-9-57		REGISTRAR'S SIGNATURE Francis Crawford		25. FUNERAL DIRECTOR'S SIGNATURE DeMoss		ADDRESS CRUNK Cameron MO			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *James W. Thayer*.....

Licensed Embalmer No. *7889*.....

P. O. Address *Lathrop, 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.