

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11284

108

REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Wernier</u>		2. USUAL RESIDENCE (Where deceased lived at institution: residence before institution) a. STATE <u>Mo</u> b. COUNTY <u>Folk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Reynolds Wash. J. 28 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bolevar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #6</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	
3. NAME OF DECEASED a. (First) <u>GEORGE</u> b. (Middle) <u>BROWN</u> c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-6-49</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid</u>	8. DATE OF BIRTH <u>2-5-1872</u>
9. AGE (In years last birthday) <u>77</u>		Months <u>2</u> Days <u>1</u>	9. UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Wid</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records, Nevada</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Coronary thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u> <u>400!</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? 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"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>3-8</u> , 19 <u>49</u> , to <u>4-6-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-6-</u> , 19 <u>49</u> , and that death occurred at <u>9:30</u> a.m., from the causes and on the date stated above.	
23a. SIGNATURE <u>R. E. Hall</u>		23b. ADDRESS <u>Wernier Mo</u>	
23c. DATE SIGNED <u>4-6-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>4-6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	
24d. LOCATION (City, town, or county) (State) <u>Wernier, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barney Phillips</u>	
DATE REC'D BY LOCAL REG. <u>4-6-49</u>		REGISTRAR'S SIGNATURE <u>Kathryn Yancy</u> 331	
ADDRESS <u>Wernier, Mo</u>		ADDRESS <u>Wernier, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 3-49-259

Date Filed 4-1-49

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.

Signed _____

Richard L. Shorten

Signed _____

Student Embalmer

Licensed Embalmer No. 4532

P. O. Address Nevada, NV

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 this body is not embalmed, fact should be so stated above.