

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15914

BIRTH NO. _____		REG. DIST. NO. <u>62</u>		PRIMARY REG. DIST. NO. <u>5239</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: S. Linn</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: S. Linn</u> <u>0200</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) <u>10 Mi. S. of Stockton, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>CLARENCE</u> c. (Last) <u>BROWN</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 9, 1894</u>	
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Cedar County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alfred M. Brown</u>				13b. MOTHER'S MAIDEN NAME <u>Lula Willett</u>		14. NAME OF HUSBAND OR WIFE <u>Mable Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mable Brown Stockton, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>							
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES ☐ NO ☐							
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 ☐ NOT WHILE AT WORK ☐			
21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from <u>4-15</u> , 19 <u>51</u> , to <u>5-22</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-17</u> , 19 <u>51</u> , and that death occurred at <u>2 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. O. Cowan, M.D.</u>				23b. ADDRESS <u>Greenfield, Mo</u>			
23c. DATE SIGNED <u>5-24-51</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>5/25/51</u>			
24c. NAME OF CEMETERY <u>Stockton City</u>				24d. LOCATION (City, town, or county) (State) <u>Cedar County Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6-2-51</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Geneva Garmon</u>			
REGISTRAR'S SIGNATURE <u>John C. Cantlon</u>				ADDRESS <u>Stockton, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED JUN 5 1951

Dist. File 651-1289

Date Filed 6-6-51

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 _____

Richard W. Bandall

Student Embalmer No. 405

working under my personal supervision.

Signed

Richard W. Bandall

Student Embalmer

Signed

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address

Stoughton

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.