

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14396**

FILED NOV 13 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **5786** Registrar's No. **78**

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Charleston (Rural)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Charleston (Rural) 0670</b>	
c. LENGTH OF STAY (In this place) <b>life</b>		d. STREET ADDRESS (If rural, give location) <b>3 miles south (Concord)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 miles south (Concord)</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Johnie</b> b. (Middle) <b>Mack</b> c. (Last) <b>Brown</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 1, 1951</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>(Child)</b>	8. DATE OF BIRTH <b>Jan. 17, 1949</b>	9. AGE (In years last birthday) <b>2</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Charleston, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>Lester Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Estella Whitt</b>		14. NAME OF HUSBAND OR WIFE _____			
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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 <b>Lester Brown, Gen. Del.</b> ADDRESS <b>Charleston, Mo.</b>			
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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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BURNED TO DEATH</b> ANTECEDENT CAUSES <b>TRAPPED IN FIRE OF RESIDENCE ALL FAMILY WERE ASLEEP BODIES OF A SISTER AND BROTHER ALSO FOUND IN RUINS OF HOME.</b> 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 <b>E 9160 76</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>ACCIDENT</b>		21b. PLACE OF INJURY (e.g., in or about home, store, factory, street, office bldg., etc.) <b>RESIDENCE</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Mississippi County Mo</b>	
21d. TIME OF INJURY <b>Nov. 1, 1951 3A</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **AS CORONER ONLY**, 19\_\_\_\_, that I last saw the deceased alive on **Nov. 1, 1951**, 19\_\_\_\_, and that death occurred at **3:00 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Johnnie Mack Brown</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Charleston, Mo</b>		23c. DATE SIGNED <b>11-1-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 3, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Charleston, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>Nov. 4-1951</b>		REGISTRAR'S SIGNATURE <b>Mrs. Jay Kilgore</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Z. J. Sparks</b> ADDRESS <b>Charleston, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

670  
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RECEIVED  
Miss. Co. Health Dept  
County File No. \_\_\_\_\_  
Date Filed **NOV 3** 1951

**NOV 16 1951**

**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 .....  
Student Embalmer

Signed Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau, 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 this body is not embalmed, fact should be so stated above.

*Frank Sparks*