

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **37913**

FILED DEC 6 1951

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5597 Registrar's No. 140

0510
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH A. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Centerview</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holden</u> 0510	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway #58 Centerview</u>		d. STREET ADDRESS (If rural, give location) <u>Holden, Missouri</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jewell</u> b. (Middle) <u>Eddie</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30, 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>Nov. 25, 1914</u>
9. AGE (In years last birthday) <u>37</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Smith M. Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Taylor</u>	14. NAME OF HUSBAND OR WIFE <u>Eula Brown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>W.W.#11</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Eula Brown</u> ADDRESS <u>LakeView Heights, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Injuries and Massive Burns following wreck and explosion of trucks</u>		
	ANTECEDENT CAUSES <u>Burns following wreck and explosion of trucks</u> Morbid 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 <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____ E8160 20	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #58</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Centerview Johnson Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-30-51 2:05 P.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>

22. I hereby certify that I attended the deceased from 11-30-1951, to 11-30-1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kelly Rawlins M.D.</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>Coroner Johnson Co. Holden Mo.</u>	23c. DATE SIGNED <u>11-30-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-2-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Stover, Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Savannah Hutchfield</u> ADDRESS <u>Warrensburg, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 30, 1951</u>	REGISTRAR'S SIGNATURE <u>Savannah Hutchfield</u>	

DEC 16 1952

RECEIVED
DEC 3 1951
JOHNSON COUNTY HEALTH DEPT.

DEC 17 1952

DEC 15 1951

DEC 15 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 *D. L. Bauninger*

Licensed Embalmer No. 3377

P. O. Address Waukegan, Ill.

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.