

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43720**

FILED JAN 3 1952

BIRTH NO. _____		REG. DIST. NO. <b>324</b>		PRIMARY REG. DIST. NO. <b>6093</b>		Registrar's No. <b>252</b>	
1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Marshall</b>		c. LENGTH OF STAY (In this place) <b>12-11-51</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>4000</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State School</b>				d. STREET ADDRESS (If rural, give location) <b>4521 Anthelone Ave</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jack</b>		b. (Middle) <b>R.</b>		c. (Last) <b>Brown</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 30 1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never</b>		8. DATE OF BIRTH <b>4-30 1930</b>	
9. AGE (In years last birthday) <b>21-</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>Mo. U.S.A.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Harold Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Nannah Whitehead</b>		14. NAME OF HUSBAND OR WIFE <b>never married</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Reed State School Marshall</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Static Epileptics</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Epilepsy</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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>3532</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <b>Oct 1950</b> to <b>Dec 20, 1951</b> , that I last saw the deceased alive on <b>12-19, 1951</b> , and that death occurred at <b>1-15 PM</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>G. E. Salner M.D.</b>				23b. ADDRESS <b>Marshall Mo</b>		23c. DATE SIGNED <b>12/21/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>12/24/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Dec 24-1951</b>		REGISTRAR'S SIGNATURE <b>Sidney F. Gray</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. Lealie Swartz - Marshall, Mo</b>			

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

RECEIVED 12-31-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 1-2-52 \_\_\_\_\_

1952

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 *J. Leslie Swanson* \_\_\_\_\_

Licensed Embalmer No. 32354 \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address *Marshall, 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.