

STANDARD CERTIFICATE OF DEATH

3625

State File No.

FEB 1 1952

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (for this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Essex</u>		<u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u>				d. STREET ADDRESS <u>Rt. # 2</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Samuel</u>		b. (Middle) <u>David</u>		c. (Last) <u>Brown</u>	
4. DATE OF DEATH		(Month) <u>January</u>		(Day) <u>20,</u>		(Year) <u>1952</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>12-1-1926</u>		9. AGE (In years last birthday) <u>25</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>19</u> IF UNDER 11 HRS. Hours <u>19</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Russellville, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Walter Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Phetomia Hughes</u>		14. NAME OF HUSBAND OR WIFE <u>Chloe Brown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>429-40-1036</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Brown, Essex, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Concussion, severe</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 das.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>E 81601</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>26</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 61</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Scott Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 18 52 1952</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident.</u>			
22. I hereby certify that I attended the deceased from <u>Jan 18, 1952</u> , to <u>Jan 20, 1952</u> , that I last saw the deceased alive on <u>Jan 20, 1952</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wilson J. Priguer</u>				23b. ADDRESS <u>Sikeston, Mo.</u>		23c. DATE SIGNED <u>Jan 21, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BLOOMFIELD</u>		24d. LOCATION (City, town, or county) (State) <u>BLOOMFIELD MO.</u>	
DATE REC'D BY LOCAL REG. <u>1-25-52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wheeler Funeral Home Sikeston Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 28 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 152-27

FILED 1 1954

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 Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Lekeston 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.