

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24102

State File No.

FILED JUL 29 1952

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 111

362
00

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

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Indiana b. COUNTY ...	
b. CITY (If outside corporate limits, write RURAL and give township) Washington, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) Camp Atterbury, Ind.	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 8130	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) RICHARD G. BROWN			4. DATE OF DEATH (Month) (Day) (Year) July 20, 1952	
a. (First)	b. (Middle)	c. (Last)	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH March 4, 1933

5. SEX Male	6. COLOR OR RACE White	9. AGE (In years last birthday) 19 4 16	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRC	
10a.	10b. KIND OF BUSINESS OR INDUSTRY U.S. Army	11. BIRTHPLACE (State or foreign country) Denver, Colorado	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME R. G. Brown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE U.S.A.		
--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes, at present at cp. Atterbury	16. SOCIAL SECURITY NO. From Identification Cards.	17. INFORMANT'S SIGNATURE OR NAME From Identification Cards.		
---	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auto Accident Fractured skull	DUPLICATE (b) + crushed chest no other			DUPLICATE (c) car involved Eduration 1 hour
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. and 30 minutes			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Hwy. 250.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) heslie, Boone Franklin, Mo.
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 20, 1952 6:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? lost Control of Car.
---	---	---

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Thos. P. Shaffer	23b. ADDRESS Corona Sullivan Mo.	23c. DATE SIGNED 7/21/52
---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
---	-----------	------------------------------------	---

DATE REC'D BY LOCAL REG. July 21, 1952	REGISTRAR'S SIGNATURE F. P. Hedmann	25. FUNERAL DIRECTOR'S SIGNATURE F. F. Oltman	ADDRESS Union
--	---	---	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

SET DE 1977

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 E. F. Oltman

Licensed Embalmer No. 1686

P. O. Address Union, Missouri

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.