S. No. 300
v. 10.48

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NOV 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34342

State File No.

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 363

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
c. LENGTH OF STAY (In this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Callaway Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Callaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton 0143
d. STREET ADDRESS (If rural, give location) 510 Grand Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Robert b. (Middle) Lycurgus c. (Last) Brown

4. DATE OF DEATH (Month) Oct. (Day) 28 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH June 1, 1884

9. AGE (In years last birthday) 68 | If under 1 year: Months, Days | If under 1 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Worker

10b. KIND OF BUSINESS OR INDUSTRY State of Missouri

11. BIRTHPLACE (City and State or Foreign Country) McCredie Missouri

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Chas. A. Brown

13b. MOTHER'S MAIDEN NAME Albi Kennon

14. NAME OF HUSBAND OR WIFE Effie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. #490-30-9949

17. INFORMANT'S SIGNATURE OR NAME Effie Brown **ADDRESS** Fulton Mo.

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ac. coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Several days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* None

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

4201

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/16, 1952, *to* 10/28, 1952, *that I last saw the deceased alive on* 10/28, 1952, *and that death occurred at* 9:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Henry Dunst, M.D. (Degree or title)

23b. ADDRESS Fulton, Mo.

23c. DATE SIGNED 10/31/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Oct. 30/52

24c. NAME OF CEMETERY OR CREMATORY Callaway Mem. Garden

24d. LOCATION (City, town, or county) Fulton (State) Mo.

DATE REC'D BY LOCAL REG. Oct. 31-1952

REGISTRAR'S SIGNATURE Marietta Lawrence 426-0

25. FUNERAL DIRECTOR'S SIGNATURE Maupin Funeral Home **ADDRESS** Fulton

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 23 1953

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 J. W. Rosson

Licensed Embalmer No. 2555

P. O. Address Fulton 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.