

FILED JUL 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20721

BIRTH NO. 4845659 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 757

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Helena - Rural 0020	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Meth. Hosp. DOA		d. STREET ADDRESS (If rural, give location) Rt # 1 Helena, Mo. /	

3. NAME OF DECEASED (Type or Print) a. (First) LARRY b. (Middle) RAY c. (Last) BROWN			4. DATE OF DEATH (Month) (Day) (Year) 7 5 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 8-2-1952	9. AGE (In years last birthday) 10	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) C St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Elgin Brown	13b. MOTHER'S MAIDEN NAME Jean Bedford	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elgin Brown, Rt. # 1, Helena, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Electrocution</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) _____ DUE TO (c) <i>Baby was apparently electrocuted when it came in contact with</i>		
11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death. Came in contact with an electric extension cord. Dead on arrival at the Missouri Methodist Hospital</i>			9140 22 002

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>an electric extension cord. Dead on arrival at the Missouri Methodist Hospital</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Helena Andrew Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>July 5-1953 4:00 p.m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Contacted an electric wire</i>	

22. I hereby certify that I examined the deceased from *7/5* 19 *5:30* to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *5:00P* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>H. F. Mundy M.D. (Coroner)</i>	23b. ADDRESS <i>St. Joseph Mo.</i>	23c. DATE SIGNED <i>7/7/53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>7-7-1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Maitland Cemetery</i>
24d. LOCATION (City, town, or county) (State) <i>Maitland, Mo.</i>		

DATE REC'D BY LOCAL REG. <i>July 10, 1953</i>	REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Sheila Rupp</i>	ADDRESS <i>St. Joseph, Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 13 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, ~~only~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph*

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.