No. 300
10.48

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

FILED SEP 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32378

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5757 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: Maries
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Johnson
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 68, 1 mile E. of Airport

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Maries
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Johnson township 0630
d. STREET ADDRESS (If rural, give location): Highway 68, 1 mile East of Airport

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): RICHARD
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): Sept. 13, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: May 10, 1871
9. AGE (In years last birthday): 82 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Red Bird, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William Brown
13b. MOTHER'S MAIDEN NAME: Susan Wilkerson
14. NAME OF HUSBAND OR WIFE: Ida

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Elsie Shockley
ADDRESS: Vichy

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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): Coronary Heart Block — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b): Ch. Coronary Heart Disease

DUE TO (c): Arteria Sclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

✓

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION: no
4201
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): no
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): no
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): no m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: no

22. *I hereby certify that I attended the deceased from* January, 1930, *to* Sept 13 1953, *that I last saw the deceased alive on* Sept 3, 1953, *and that death occurred at* 6:45 P m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. E. A. Scott M.D.
23b. ADDRESS: St James Mo
23c. DATE SIGNED: 8/15/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 16, 1953
24c. NAME OF CEMETERY OR CREMATORY: Rock Springs Cemetery
24d. LOCATION (City, town, or county) (State): Maries County, Missouri

DATE REC'D BY LOCAL REG.: 9-18-53
REGISTRAR'S SIGNATURE: Pauline Howard
188
25. FUNERAL DIRECTOR'S SIGNATURE: Paul E. Null
ADDRESS: Rolla, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Paul E. Nul

Licensed Embalmer No. 4498

P. O. Address Rolla, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.