

FILED SEP 28 1953

STANDARD CERTIFICATE OF DEATH

State File No. 32441

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 4329 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give town) Wyatt		c. CITY (If outside corporate limits, write RURAL and give township) Wyatt	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Wyatt, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, Wyatt			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Love c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) August, 23, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 13, 1930	9. AGE (In years last birthday) 23	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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Mississippi County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ollie P. Brown		13b. MOTHER'S MAIDEN NAME Ella Rothchild		14. NAME OF HUSBAND OR WIFE Julia Ann Brown	
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. 498-24-192		17. INFORMANT'S SIGNATURE OR NAME Ollie P. Brown, Wyatt, Mo. ADDRESS	

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>Self inflicted pistol wound above right temple penetrating brain</i>		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) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) <i>Wyatt Miss. Mo.</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

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 12:10P m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <i>Travis Shelby, coroner</i>			23. ADDRESS <i>East Prairie</i>		23. DATE SIGNED <i>8-25-53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>8/25/53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Charleston, Mo.</i>
DATE REC'D BY LOCAL REG. <i>9-20-53</i>		REGISTRAR'S SIGNATURE <i>Dean F. Hearnes</i>		5. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <i>The Numbee Funeral Chapel, Charleston, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

0670

RECEIVED

Miss. Co. Health Dept

County File No. 963

Date Filed SEP 25 1953

SEP 24 RECU

OCT 20 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 John F. Hummel
Licensed Embalmer No. 3851

P. O. Address Charleston

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.