

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **38022**

FILED NOV 12 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **3075** Registrar's No. **60**

1081

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

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, make entry before institution.) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Dexter,</b>	c. LENGTH OF STAY (in this place) <b>20 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Dexter,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>1031/2</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>James</b>	b. (Middle) <b>Harley</b>	c. (Last) <b>Brown,</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 3. 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 1. 1899</b>	9. AGE (In years last birthday) (If under 1 year, give Months, Days, Hours, Mins.) <b>54</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Handle Manfg.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Birdseye, Ind.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>William Brown</b>	13b. MOTHER'S MAIDEN NAME <b>Ida Bell Davenport</b>	14. NAME OF HUSBAND OR WIFE <b>Nellie P. M Brown, Dec.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Patsy Ann Brown</b>	ADDRESS <b>Dexter, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	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 <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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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 **12:30 AM** from the causes and on the date stated above.

23a. SIGNATURE <b>W. W. Briney</b>	(Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Dexter, Missouri</b>	23c. DATE SIGNED <b>11-4-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11.5.53.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Haggy Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Dexter, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>11-6-53</b>	REGISTRAR'S SIGNATURE <b>Walter V. Jenkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Fun. Service,</b>	ADDRESS <b>Dexter, Mo.</b>
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RECEIVED  
O & S  
1919

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 \_\_\_\_\_

*Earl N. Watkins*

Student Embalmer No. 489

working under my personal supervision.

Student *Earl N. Watkins*  
Student Embalmer

Signed *Walter Marsh Watkins*

Licensed Embalmer No. 4717

P. O. Address *Depler, 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.