

STANDARD CERTIFICATE OF DEATH

38408

State File No.

FILED DEC 8 1953

BIRTH NO.

REG. DIST. NO.

47

PRIMARY REG. DIST. NO.

3008

Registrar's No.

389

1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Callaway			
b. CITY (If outside corporate limits, write RURAL and give town or township) Fulton Mo			c. LENGTH OF STAY (in this place) 9 Mo.	c. CITY (If outside corporate limits, write RURAL and give township) WILLIAMSBURG Mo			0140
d. FULL NAME OF HOSPITAL OR INSTITUTION Stewart Nurseing Home				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) B.		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) II-30-53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single never	8. DATE OF BIRTH M. Aug 28-1861		9. AGE (In years last birthday) 92	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 D.K.	11. BIRTHPLACE (State or foreign country) New York State		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Daniel Brown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE single			
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. 49I-14-5500	17. INFORMANT'S SIGNATURE OR NAME ADDRESS A - Sam Crane WILLIAMSBURG 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary of Atherome arteries</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Gen Arterio-sclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <i>Feb 14, 1953</i> , to <i>Nov 20, 1953</i> , that I last saw the deceased alive on <i>Nov 21, 1953</i> , and that death occurred at <i>1:20 P.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>D. W. News M.D.</i>				23b. ADDRESS <i>Fulton Mo</i>		23c. DATE SIGNED <i>Nov 30 1953</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-3-1953	24c. NAME OF CEMETERY OR CREMATORY Williamsburg Cemetery		24d. LOCATION (City, town, or county) (State) Williamsburg Mo		
DATE REC'D BY LOCAL REG. Dec. 3-1953		REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. H. H.</i>		ADDRESS MONTGOMERY CITY MO	

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~of~~ on the
30 th day of Nov 1953

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

C. T. Hopkins

Signed.....

Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo

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

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