

2014

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4309 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>MCDONALD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> - b. COUNTY <u>MCDONALD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SOUTHWEST-CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SOUTHWEST-CITY</u>	
c. LENGTH OF STAY (in this place) <u>73 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>8600 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED (Type or Print)	(First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
<u>JOHN-EDWIN-BROWN</u>	<u>JOHN</u>	<u>EDWIN</u>	<u>BROWN</u>	<u>1-4-54</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>11-14-1880</u>	9. AGE (In years last birthday) <u>73</u>	10. MONTHS <u>1</u>	11. DAYS <u>20</u>	12. HOURS <u>20</u>	13. MIN. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (State or foreign country) <u>SOUTHWEST-CITY-MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>G-H-BROWN</u>	13b. MOTHER'S MAIDEN NAME <u>MARY-GANN</u>	14. NAME OF HUSBAND OR WIFE <u>CORA-BROWN</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CORA-BROWN</u>	18. ADDRESS <u>SOUTHWEST-CITY-MO</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>Sudden</u>
	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 <u>4201</u>	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 \_\_\_\_\_, 1954, and that death occurred at 9:30A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Humphrey, Jr. Coroner</u>	(Degree or title) <u>Mo.</u>	23b. ADDRESS _____	23c. DATE SIGNED <u>1-4-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-6-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SOUTHWEST-CITY</u>	24d. LOCATION (City, town, or county) (State) <u>SOUTHWEST-CITY-MO</u>
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DATE REC'D BY LOCAL REG. <u>1-8-54</u>	REGISTRAR'S SIGNATURE <u>Maynard Humphrey</u>	423-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. M. Humphrey</u>	ADDRESS <u>Pinewille, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300

48

FILED JAN 18 1954

**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

*H. M. Humphrey Jr.*

Licensed Embalmer No. \_\_\_\_\_

4708

P. O. Address \_\_\_\_\_

Noel 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.