

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **5708**

BIRTH NO. **FILED FEB 16 1954** REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **5939** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Cold Spring		c. LENGTH OF STAY (in this place) Walking	c. CITY OR TOWN Rural-Cold Spring
d. FULL NAME OF HOSPITAL OR INSTITUTION. On Jesse McCown Farm		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 3 miles North of Lecoma	

3. NAME OF DECEASED (Type or Print) FRANK	a. (First) FRANK	b. (Middle) ARTHUR	c. (Last) BROWN	4. DATE OF DEATH (Month) (Day) (Year) February 9, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 2, 1893	9. AGE (In years last birthday) 60 If UNDER 1 YEAR: Months Days If UNDER 24 HRS: Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Lecoma, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Lee Brown	13b. MOTHER'S MAIDEN NAME Mary Ann Miller	14. NAME OF HUSBAND OR WIFE Minnie
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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) No	16. SOCIAL SECURITY NO. 489-03-7345	17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Brown	ADDRESS Lecoma, Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis	INTERVAL BETWEEN ONSET AND DEATH Immediate
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"/>
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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) Rolla Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 2-9, 1954, and that death occurred at 8:50P m., from the causes and on the date stated above.

23. SIGNATURE S. L. Null - Doctor (Degree or title)	23b. ADDRESS Rolla Mo.	23c. DATE SIGNED 2/10/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 12, 1954	24c. NAME OF CEMETERY OR CREMATORY Anutt Cemetery	24d. LOCATION (City, town, or county) (State) Anutt, Missouri
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DATE REC'D BY LOCAL REG. Feb. 10, 1954	REGISTRAR'S SIGNATURE Radine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null	ADDRESS Rolla, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 7 8 1958

FEB 20

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.....
Signature of Student Embalmer

Signed..... *Paul E. Nul*

Licensed Embalmer No..... *449*

P. O. Address..... *Rolla,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.