

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. J. C. Suggitt  
Staff File No. 7741

BIRTH NO. FILED APR 5 1954 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5126 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Columbia - R.F.D.</u>		c. CITY OR TOWN <u>Columbia</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Vandiver Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Infirmary</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Price</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April - 1 - 1954</u>		
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5. SEX <u>Male</u>		6. COLOR OF RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Aug - 16 - 1862</u>		9. AGE (in years last birthday) <u>91</u>		10. MONTHS <u>7</u>		11. DAYS <u>15</u>		12. IF CHECKED IN THIS COLUMN IN MIN. Hours	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Druggist</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Druggist</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Brown Station, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
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13a. FATHER'S NAME <u>Joe Brown</u>				13b. MOTHER'S MAIDEN NAME <u>Catherine Pruett</u>				14. NAME OF HUSBAND OR WIFE <u>Deceased</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>Ross Brown</u>				ADDRESS <u>Columbia, Missouri</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>										<u>10 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u>											
		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 <u>✓</u>										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>										<u>592X</u>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>✓</u>			

22. I hereby certify that I attended the deceased from Jan - 10, 1954, to Apr - 1, 1954, that I last saw the deceased alive on Mar - 29, 1954, and that death occurred at 4 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Suggitt M.D.</u>				23b. ADDRESS <u>Columbia, Mo</u>				23c. DATE SIGNED <u>Apr - 2 - 54</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April - 2 - 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centrolia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centrolia, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Apr 2 1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>		31-0		25. EMERALD DIRECTOR'S SIGNATURE <u>Paul P. Ballou</u>		ADDRESS <u>Centrolia, Mo.</u>	
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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, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Paul J. Baller*

Licensed Embalmer No. *4206*

P. O. Address *Centralia, 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.