

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

362

WRITE PLAINLY--USING UNEADING BLACK INK--MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **85**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) Washington		c. LENGTH OF STAY (In this place) 2 wks.	c. CITY OR TOWN Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hosp.		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Andrew c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) 5-27-54	
5. SEX m	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH unknown
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer -	
10b. KIND OF BUSINESS OR INDUSTRY Rural laborer -		11. BIRTHPLACE (City and State or Foreign Country) MO -	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME unknown	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE unknown -	
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. no	
17. INFORMANT'S SIGNATURE OR NAME Sam Payton -		ADDRESS MO 6666 - 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) Senility - advanced	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cardiovascular and disease		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of hip	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442 X F	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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		22. I hereby certify that I attended the deceased from April, 1954 , to May 27, 1954 , that I last saw the deceased alive on May 26, 1954 , and that death occurred at 8:45 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE [Signature]		23b. ADDRESS Union, MO.	
23c. DATE SIGNED 5/28/54		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 5-28-54		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows	
24d. LOCATION (City, town, or county) (State) St. Clair - MO		25. FUNERAL DIRECTOR'S SIGNATURE Sherrard W. Kitchell	
DATE REC'D BY LOCAL REG. 5-28-54		REGISTRAR'S SIGNATURE [Signature]	
ADDRESS St. Clair Mo		ADDRESS	

JUN 28 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.....
Signature of Student Embalmer

Signed *Shannon W. Kitchell*

Licensed Embalmer No. *3875*

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