

State File No. **10481**

FILED JUN 7 1954

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4239 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Knox				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Knox			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Newark)		c. LENGTH OF STAY (in this place) 20 Years		c. CITY OR TOWN Newark		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:				e. STREET ADDRESS (If rural, give location) 0520			
3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Oscar c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) May 24, 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 29, 1890	
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		11. BIRTHPLACE (City and State or Foreign Country) Lewistown, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Brown		13b. MOTHER'S MAIDEN NAME Admanada Fee		14. NAME OF HUSBAND OR WIFE Mary Elizabeth Brown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Elizabeth Brown Newark, Missouri			
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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity 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 ☐ NO ☒				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 ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:45 PM , from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) Walter D. Chance				23b. ADDRESS Edina Mo.			
23c. DATE SIGNED May 24-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/26/1954		24c. NAME OF CEMETERY OR CREMATORY Lewistown Cemetery	
24d. LOCATION (City, town, or county) (State) Lewistown, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Walter D. Chance		25. ADDRESS Edina Mo.			

(Licensed Embalmer) Statement on Reverse Side

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

JUN 8 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 myself, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stoder Jr.
Licensed Embalmer No. 432

P. O. Address La Bette, La.

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.