

FILED JUL 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19987

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3556		Registrar's No. 162		
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>1 Day</u>		c. CITY OR TOWN <u>Jacksonville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>None</u> 08801				
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>BESS</u> c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July-4-1954</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec-20-1887</u>		
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rural Mail Carrier</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jacksonville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Samuel Bess Brown</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Bailey</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel Brown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mabel Brown</u> ADDRESS <u>Jacksonville Mo.</u>				
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* <u>Intra cranial injury Sec 30 hr.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____					II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Randolph Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 3 1954</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> OR WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto Collision</u>				
22. I hereby certify that I attended the deceased from <u>July 3, 1954</u> , to <u>July 6, 1954</u> , that I last saw the deceased alive on <u>July 5, 1954</u> , and that death occurred at <u>3:15 P.M.</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>H. Stewart E. Moore</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Moberly Mo</u>		23c. DATE SIGNED <u>July 6-1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July-6-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>La. Plata Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>La Plata Missouri</u>		
DATE REC'D BY LOCAL REG. <u>7-6-54</u>		REGISTRAR'S SIGNATURE <u>H. Stewart E. Moore</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Home Moberly Mo</u>		ADDRESS _____		

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 27 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.....
R. M. Carter

Licensed Embalmer No. *411*

P. O. Address *Moberly*

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.