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FILED JUL 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. **23784**

BIRTH NO. _____ REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **5827** Registrar's No. **20**

1. PLACE OF DEATH
 a. COUNTY **New Madrid**
 b. CITY (If outside corporate limits, write RURAL and give OR TOWN **rural 2 Mi. W. Lilbourn Mo.**)
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **New Madrid**
 c. CITY OR TOWN **Parma**
 d. Residence within limits of a city or incorporated town? Yes No
 * STREET ADDRESS (If rural, give location) **6720**

3. NAME OF DECEASED
 a. (First) **Billy** b. (Middle) **B.** c. (Last) **Brown**
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
June 12 1954

5. SEX
M

6. COLOR OR RACE
W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH
Dec. 17 1925

9. AGE (In years last birthday) (If under 1 year: Months) (Days) (If under 24 hrs: Hours) (Min.)
28

10a. USUAL OCCUPATION (Give kind of work done, or name of work, or profession)
Tractor Operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)
Parma Mo.

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Arville Brown

13b. MOTHER'S MAIDEN NAME
Tomazine Lee

14. NAME OF HUSBAND OR WIFE
none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes) (unknown) (If yes, give branch or dates of service)
yes WW II

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Arville Brown Parma 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) **Broken Neck, Broken Ribs**
ANTECEDENT CAUSES:
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Army Cuts on face. Car**
 DUE TO (c) **run into back of Packer**
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. **Truck on farm to market**

INTERVAL BETWEEN ONSET AND DEATH
E 8 1/2 4 26

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
road 2 mile W of Lilbourn

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
072

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
June 12 54 m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
Car hit parked truck

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 11:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
D. S. Hedgpeth Coroner

23b. ADDRESS
New Madrid, Mo

23c. DATE SIGNED
June 19 54

24a. BURIAL, CREMATION, REMOVAL (Specify)
burial

24b. DATE
June 16 1954

24c. NAME OF CEMETERY OR CREMATORY
Malden Memorial Park

24d. LOCATION (City, town, or county) (State)
Malden Mo;

DATE REC'D BY LOCAL REG.
7-9-54

REGISTRAR'S SIGNATURE
H. L. Bonder Deputy

25. FUNERAL DIRECTOR'S SIGNATURE
Parma Mo

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.....
Signature of Student Embalmer

Signed *Walter Marsh Watkins*.....

Licensed Embalmer No. *4711*.....

P. O. Address *Dexter*.....

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.