

FILED OCT 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34752

BIRTH NO. _____		REG. DIST. NO. <u>255</u>		PRIMARY REG. DIST. NO. <u>5869</u>		Registrar's No. <u>17</u>				
1. PLACE OF DEATH a. COUNTY <u>OREGON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>OREGON</u>						
b. CITY OR TOWN <u>WILDERNESS</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>WILDERNESS</u>		0750				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) <u>ANDERSON</u>			c. (Last) <u>BROWN</u>				
4. DATE OF DEATH		(Month) <u>10</u>		(Day) <u>1</u>		(Year) <u>1954</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>12/31/1893</u>				
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>9</u>		IF UNDER 1 HR. Hours <u></u>		Mins. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TIMBER WORK</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>LUMBER</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>				
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			13a. FATHER'S NAME <u>JOHN BROWN</u>		13b. MOTHER'S MAIDEN NAME <u>JANIE MALONEY</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>			
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>488-20-9648</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Everett Brown</u>				ADDRESS <u>Wilderness, 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Chronic myocarditis</u>				1-year		
				DUE TO (c) <u>arteriosclerosis</u>				5 years		
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 <u>4-2-2-1</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>12-11, 1953</u> , to <u>10-1, 1954</u> , that I last saw the deceased alive on <u>Sept 5, 1954</u> , and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Frank J. Kucinski, D.O.</u>				(Degree or title)		23b. ADDRESS <u>Man Buren, Mo.</u>		23c. DATE SIGNED <u>10-7-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-3-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WILDERNESS CEMETERY</u>		24d. LOCATION (City, town, or county) <u>WILDERNESS</u>		(State) <u>MO.</u>		
DATE REC'D BY LOCAL REG. <u>10-12-54</u>		REGISTRAR'S SIGNATURE <u>Paul Johnson</u>			10-23-53		25. FUNERAL DIRECTOR'S SIGNATURE <u>John D. Clary</u>		ADDRESS <u>atton mo</u>	

(Increased Embelmer's Statement on Reverse Side)

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

John D. Carey

Licensed Embalmer No. *4475*

P. O. Address *Box 398, Altamonte*

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.