

34871

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 27 1954

No. 300
10-48

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

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5941 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-Miller twp.</u>		c. CITY OR TOWN <u>Saint James</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>6 hours</u>		e. STREET ADDRESS (If rural, give location) <u>Highway 66 East</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2 Newburg</u>			
3. NAME OF DECEASED a. (First) <u>ROY</u>		b. (Middle) <u>L.</u>	
c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 20, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>March 21, 1902</u>
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Mfg. Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>International Shoe Center, Missouri</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>U.S.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Alexis Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Bather Breeding</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>W.W.2</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold Brown</u> ADDRESS <u>Kirkwood, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burnshot Wound in Head Instant</u> ANTECEDENT CAUSES (b) <u>Complete destruction of Brain</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Suicide</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>cause unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E970X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rural Miller town</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Phelps Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-20-1954 ?</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Muzzle of 12 ga. shot & impland in head</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>10-21</u> , 19 <u>54</u> , and that death occurred at <u>?</u> m., from the causes and on the date stated above.			
23. SIGNATURE <u>S. J. Newell, Coroner</u> (Degree or title)		23b. ADDRESS <u>508 W. 8th Rolla Mo 10/21/54</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 21, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Oct. 2, 1954</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Steel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Zull</u> ADDRESS <u>Rolla, Mo.</u>	

Date Filed OCT 25 1954

OCT 29 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..... *Paul E. Nye*

Licensed Embalmer No. *449*

P. O. Address..... *Prolo,*

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.