

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6981

FILED MAR 7 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 18

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>SHELBY</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLARENCE MO</u> | c. LENGTH OF STAY (in this place) <u>12 1/2</u> | c. CITY OR TOWN <u>CLARENCE</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLARENCE MO</u>                                      |   | STREET ADDRESS (If rural, give location) <u>CLARENCE MO 1020</u>   |  |

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|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>STONEWALL</u><br>b. (Middle) _____<br>c. (Last) <u>BROWN</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>FEB 22 1955</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>NOV 12 1903</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>LABORER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>MILLING</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>KNOX MO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |
|--|--|---|--|

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| 13a. FATHER'S NAME <u>EDWARD BROWN</u> | 13b. MOTHER'S MAIDEN NAME <u>MARTHA KOONTZ</u> | 14. NAME OF HUSBAND OR WIFE <u>LUCILLE BROWN</u> |
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|--|--|---|
| 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>486-14-4532</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>LUCILLE BROWN</u> ADDRESS <u>CLARENCE MO</u> |
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|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 week</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial failure</u>   |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Slight right Heart Failure</u><br>DUE TO (c) <u>Chronic Hepatitis</u> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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 <input type="checkbox"/> NO <input checked="" 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) _____ m. | 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 Dec. 24, 1954 to Feb 22, 1955, that I last saw the deceased alive on Feb. 22, 1955, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

|  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>B. L. Edgington D.O.</u> | 23b. ADDRESS <u>Clarence Mo.</u> | 23c. DATE SIGNED <u>2-26-55</u> |
|--|----------------------------------|---------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>2-25-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MARSHWOOD CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>CLARENCE MO</u> |
|---|--------------------------|--|--|

|  |   |     |  |
|--|---|-----|--|
| DATE REC'D BY LOCAL REG. <u>3-1-55</u> | REGISTRAR'S SIGNATURE <u>Ada Garrison</u> | 419 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles V. Young</u> ADDRESS <u>Clarence Mo.</u> |
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(Licensed Embalmer'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.....  
Signature of Student Embalmer

Signed *Charles V. Green*.....

Licensed Embalmer No. *462*.....

P. O. Address *Clarence*.....

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.