

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 3601

State File No. 12439

BIRTH NO. _____		REG. DIST. NO. <u>164</u>	PRIMARY REG. DIST. NO. <u>3037</u>	Registrar's No. <u>59</u>
1. PLACE OF DEATH a. COUNTY <u>Johnson,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural, Warrensburg,</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Leeton, Missouri</u> 0-570		
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. No. 1, Leeton, Missouri.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fern Hill Road, Johnson Co., Mo</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>FLOYD EDGAR</u>		b. (Middle) <u>BROWN</u>		c. (Last)
4. DATE OF DEATH <u>April 19th. 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>Feb. 8th. 1902</u>	9. AGE (In years last birthday) <u>53</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant,</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Robert Allison Brown,</u>		13b. MOTHER'S MAIDEN NAME <u>Ditha Ann Brown,</u>		14. NAME OF HUSBAND OR WIFE <u>Beulah Brown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>489-40-5101</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Beulah Brown,</u> ADDRESS <u>R.R. 1, Leeton, 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>Gunshot wound in forehead,</u> ANTECEDENT CAUSES <u>apparently self inflicted,</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>suicide</u> 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		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Fern Hill Road,</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural, Warrensburg, Missouri, Johnson Co.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>April 19th. 1955</u> <u>4:00</u> <u>m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Apparently Self inflicted,</u>
22. I hereby certify that I attended the deceased from _____, 19____, to <u>4-19-</u> , 19 <u>55</u> , that I last saw the deceased ad alive on <u>4-19-</u> , 19 <u>55</u> , and that death occurred at <u>4:00A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>Kelly Bramlin M.D.</u> (Degree or title)		23b. ADDRESS <u>Coroner Holder Mo 4/19/55</u>		23c. DATE/SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-22- 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery,</u> 24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Apr. 21, 1955</u>		REGISTRAR'S SIGNATURE <u>Savannah C. C. C. 147</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Brauning,</u> ADDRESS <u>Warrensburg, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

APR 25 1955
JOHNSON COUNTY HEALTH D

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 R.A. Brauminger
Licensed Embalmer No. 3377

P. O. Address Warrensburg, Mo.

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.