

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 28 1955

State File No. 19239

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 103

320

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

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Laclede</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> | |
| b. CITY OR TOWN <u>Lebanon</u> | | c. CITY OR TOWN <u>Competition Rural</u> | |
| c. LENGTH OF STAY (In this place) <u>3 days</u> | | d. STREET ADDRESS (If rural, give location) <u>Rural Route # 1.</u> | |
| 3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>B.</u> c. (Last) <u>Brown</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 20, 1955</u> |
| 5. SEX <u>m</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Jan. 31 1894</u> |
| 9. AGE (In years last birthday) <u>61</u> | IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u> | 9. AGE (In years last birthday) <u>61</u> | IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Allen Brown</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Massey</u> | 14. NAME OF HUSBAND OR WIFE <u>Mae Brown</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or date of service) <u>World War I</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mae Brown</u> ADDRESS <u>Competition Mo.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Glomerular Nephritis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>270</u> | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>Hypertension</u> | |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2 P.M. 309 Day of Death</u> | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <u>590 X</u> 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 checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>Nov 22</u> , 19 <u>50</u> , to <u>June 20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 30</u> , 19 <u>55</u> , and that death occurred at <u>8:10 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Paul A. Jenkins M.D.</u> (Degree or title) | 23b. ADDRESS <u>Knight Bldg Lebanon Mo</u> | 23c. DATE SIGNED <u>6-21-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6/23/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>M. Bride Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>near Competition Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>6-23-1955</u> | REGISTRAR'S SIGNATURE <u>Albela L. Blay</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>474 Holman</u> | ADDRESS <u>Funeral Home Lebanon Mo.</u> |

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.