

FILED SEP 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25733

BIRTH NO. _____		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3019		Registrar's No. 98	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give town or town) Kennett		c. LENGTH OF STAY (in this place) D.O.A.		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Salem		0350	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin Memorial Hosp.				d. STREET ADDRESS (If rural, give location) 3 1/2 miles So. Senath, Mo.			
3. NAME OF DECEASED (Type or Print) HERMAN		a. (First)		b. (Middle)		c. (Last) BROWN	
4. DATE OF DEATH Aug-20-55		5. SEX Male-2		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan 31, 1933		9. AGE (In years last birthday) 22		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (City and State or Foreign Country) England, Arkansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Archie Brown		13b. MOTHER'S MAIDEN NAME Francie Grayson		14. NAME OF HUSBAND OR WIFE Cleo C. Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Francis Clark, Denver, Colorado			
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) Shot Gun Wound				INTERVAL BETWEEN ONSET AND DEATH 5 min.	
*This does not mean the mode of dying, such as heart failure, asphyxia, 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) _____ DUE TO (c) _____					
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Commercial St.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kennett Dunklin Mo.			
21d. TIME OF INJURY Aug. 20, 1955 8:05 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot by Muriel Roland in fracas			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:05 Pm., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Quinton Tarver				23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 8-26-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-25-55		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge		24d. LOCATION (City, town, or county) (State) Kennett, Missouri	
DATE REC'D BY LOCAL REG. 8-26-55		REGISTRAR'S SIGNATURE Carl Henderson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L.R. Cunningham, Senath, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 8-30-5  
COUNTY FILE NUMBER 855-

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

*Lezman R. Cunningham*

Licensed Embalmer No. *4969*

P. O. Address *Kimeth, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.