No. 300
10-48

FILED SEP 8 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27210

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5942 Registrar's No. 165

0810
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Rolla Twp.
c. LENGTH OF STAY (in this place): Instant
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 miles west of Rolla, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mississippi
b. COUNTY: Leflore
c. CITY OR TOWN: Greenwood
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 609 Broade St

8 2 50 8

3. NAME OF DECEASED (Type or Print)
a. (First): Joe
b. (Middle): Willie
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): Sept 1 1955

5. SEX: Male
6. COLOR OR RACE: Negroid
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Aug 6 1931
9. AGE (In years last birthday): 24 — 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.S. Army
10b. KIND OF BUSINESS OR INDUSTRY: Soldier
11. BIRTHPLACE (City and State or Foreign Country): Mississippi
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Deceased
13b. MOTHER'S MAIDEN NAME: Gertrude (unknown)
14. NAME OF HUSBAND OR WIFE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 10 Dec 52 to present
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: C.B. Milligan, Maj. MSC, Ft. Wood, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 1. Laceration cardiac through both atria. 2. Fracture of 5th & 6th ribs with penetration through pericardium and atria. 3. Laceration of right lung, lower lobe and multiple fractures of both upper and lower extremities and thoracic spine.

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.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 66
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rolla 08 Phelps Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 1, 1955 4:50 AM
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: automobile accidant

22. *I hereby certify that I ~~attended~~ saw the deceased ~~from~~ sept 1, 1955 ~~to~~ ~~that I last saw the deceased alive on~~ ~~19~~, and that death occurred at 4:50 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Anthony J. Telego, Capt. M.C. M.D.
23b. ADDRESS: U.S. Army Hospital, Ft. Leonard Wood, Mo.
23c. DATE SIGNED: 1 Sept 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-2-1955
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Greenwood Mississippi

DATE REC'D BY LOCAL REG.: Sept. 1, 1955
REGISTRAR'S SIGNATURE: Nadine L. Stoll 28070
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Billy Jr. Hedges Richland Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Phelps County Health Officer,
County File Number 209
Date Filed SEP 7 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Thrasher

Licensed Embalmer No. 4896

P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.