

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 20 1955

State File No. **29137**
Registrar's No. **242**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	c. LENGTH OF STAY (in this place) 8 mo; 16 days	c. CITY OR TOWN New Bloomfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 1		e. STREET ADDRESS (If rural, give location) Unit	0140

3. NAME OF DECEASED (Type or Print) a. (First) Carl	b. (Middle) W	c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) Sept 12, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7 Jan 1887	9. AGE (In years last birthday) 68	0 UNDER 1 YEAR Months 8 Days 5	IF UNDER 24 HRS. Hours 5 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Civil Engineer	10b. KIND OF BUSINESS OR INDUSTRY State Highway D.R.	11. BIRTHPLACE (City and State or Foreign Country) Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joe E. Brown	13b. MOTHER'S MAIDEN NAME Elizabeth Cobb	14. NAME OF WIFE OR WIFE Mrs Carl W Brown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unit	16. SOCIAL SECURITY NO. Unit	17. INFORMANT'S SIGNATURE OR NAME State Hospital Rec.	ADDRESS Fulton, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH atrophy
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arterio sclerosis & Frontal lobe		
	ANTECEDENT CAUSES Morbidity 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. Pneumo Pneumonia. Arterio Sclerosis. Heart Dis.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334X.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **26 Dec**, 19**54**, to **12 Sept**, 19**55**, that I last saw the deceased alive on **12 Sept**, 19**55**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE S.S. Warach	(Degree or title) M.D.	23b. ADDRESS Fulton, Mo	23c. DATE SIGNED 12 Sept 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE Sept.	24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City Mo.
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DATE REC'D BY LOCAL REG. 9-12-55	REGISTRAR'S SIGNATURE Maretha Lawrence	426-0	25. FUNERAL DIRECTOR'S SIGNATURE Peatholt & Claypool	ADDRESS New Bloomfield Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0143
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OCT 13 1955

OCT 20 1955

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 *Ray A. Holt*.....

Licensed Embalmer No. *2600*.....

P. O. Address *New Bloomfield*.....

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.