

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34422

State File No.

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Layayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (Rural) <u>Richmond</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Lexington</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 10-2 1/2 mi. N. Richmond</u>		STREET ADDRESS (If rural, give location) <u>1643 Poplar St.</u>	
3. NAME OF DECEASED (Type or Print) <u>WALTER R WILLIAM BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 15 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>June 1, 1923</u>
9. AGE (In years last birthday) <u>32</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u>14</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>George W. Brown</u>	
13b. MOTHER'S MAIDEN NAME <u>Minnie Duncan</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Catherine Shroyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War 2</u>		16. SOCIAL SECURITY NO. <u>495-20-9346</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. George W. Brown</u>		ADDRESS <u>Lexington 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>Neck Broken</u> ANTECEDENT CAUSES DUE TO (b) <u>Automobile Wreck.</u> 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 (Specify) <u>BOUNCE HOME</u> <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	
21c. (CITY, TOWN, OR TOWNSHIP) <u>Richmond</u>		(COUNTY) <u>Ray</u> (STATE) <u>Mo.</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>10-15-55-2A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>automobile struck bridge abut</u>			
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 _____ m., from the causes and on the date stated above.			
22a. SIGNATURE <u>Dr. J. F. Robey</u>		(Degree or title) 23b. ADDRESS <u>Richmond Mo</u>	
23c. DATE SIGNED <u>10-15-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-18-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Maryplech Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 19-1955</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold L. Walker</u>		ADDRESS <u>Lexington, Mo</u>	

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

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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 *Harold P. Walker*

Licensed Embalmer No. *45*

P. O. Address *Lexington,*

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.