

FILED NOV 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39400

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6143 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN Rural - Lentner Twp)		c. LENGTH OF STAY (in this place) 17 yrs.	c. CITY OR TOWN Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 Miles West of Shelbina		STREET ADDRESS (If rural, give location) 1020	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) (None)	c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) Nov. 17, 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 Aug. 16, 1885	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (City and State or Foreign Country) Cedar County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Brown	13b. MOTHER'S MAIDEN NAME Amanda T. Gentry	14. NAME OF HUSBAND OR WIFE Clara I. Brown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara I. Brown, RFD Shelbina	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		5 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Carcinoma of Colon		1 Year 2 Years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153x			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **Nov. 17, 1955**, to **Nov. 17, 1955**, that I last saw the deceased alive on **Nov. 17, 1955**, and that death occurred at **3:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. B. Edrington, D.O.	23b. ADDRESS Clarence, Mo.	23c. DATE SIGNED 11-21-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-20-1955	24c. NAME OF CEMETERY OR CREMATORY Shelbina Cemetery	24d. LOCATION (City, town, or county) (State) Shelbina, Missouri
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DATE REC'D BY LOCAL REG. 11-22-55	REGISTRAR'S SIGNATURE Eda Garrison	419	25. FUNERAL DIRECTOR'S SIGNATURE F. Hayes	ADDRESS Shelbina, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Paul S. Hayes*

Licensed Embalmer No. 47

P. O. Address *Shelburne*

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.