

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

560 / State File No. 1767

FILED JAN 30 1956

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Johnson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri. b. COUNTY Johnson.

b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Hazel Hill Township) c. LENGTH OF STAY (In this place) 5 yrs

c. CITY OR TOWN Warrensburg d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Home R. R. # Warrensburg

e. STREET ADDRESS (If rural, give location) R. F. D. # 2. 570

3. NAME OF DECEASED a. (First) George b. (Middle) M. c. (Last) Brown.

4. DATE OF DEATH Jan. 16, 1956.

5. SEX male 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Dec. 14, 1868

9. AGE (In years last birthday) 87. If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired

10b. KIND OF BUSINESS OR INDUSTRY Farmer.

11. BIRTHPLACE (City and State or Foreign Country) Oconto, Neb

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Brown.

13b. MOTHER'S MAIDEN NAME Celia Phelps.

14. NAME OF HUSBAND OR WIFE Mary Brown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Herndon, Warrensburg, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular disease
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 443x

INTERVAL BETWEEN ONSET AND DEATH
19 3 months
3 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1954, to Jan 16, 1956, that I last saw the deceased alive on Jan 16, 1956, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) M.D.

23b. ADDRESS Warrensburg, MO

23c. DATE SIGNED Jan 16, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 17 Jan. 1956

24c. NAME OF CEMETERY OR CREMATORY Prairie Grove

24d. LOCATION (City, town, or county) (State) Prairie Grove, Ark.

DATE REC'D BY LOCAL REG. Jan. 17, 1956

REGISTRAR'S SIGNATURE Savannah Smithfield

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Phillips, Warrensburg, MO.

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

RECEIVED
JAN 23 1956
JOHNSON COUNTY HEALTH DEPARTMENT

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 *P. Q. Phillips.*

Licensed Embalmer No. *232*

P. O. Address *Warrensburg*

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.