

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2503

State File No.

FILED FEB 14 1956

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4486 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>St Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City</u>		c. CITY OR TOWN <u>Appleton City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>8 hours</u>		e. STREET ADDRESS (If rural, give location) <u>0925</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Ellett Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Troy</u> b. (Middle) <u>F.</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30- 1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan.-1-1956</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chiropractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chiropractor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Appleton City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William G. Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wells</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Brown (deceased)</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Arlene Brown, Clinton, Mo.</u> ADDRESS _____
--	-------------------------------	---

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>C. V. A.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>yes.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sen. arteriosclerosis</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 <u>3.31X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Jan 29, 1956, and that death occurred at 6:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. A. Shekman MD</u> (Degree or title)	23b. ADDRESS <u>Appleton City, Mo.</u>	23c. DATE SIGNED <u>Jan 31 56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. -1-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>1-31-56</u>	REGISTRAR'S SIGNATURE <u>Clara Atney</u> 285	25. FUNERAL DIRECTOR'S SIGNATURE <u>Melvin L. Janesens</u> ADDRESS <u>Appleton City</u>
---	--	---

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 *Melvin L. Janssens*.....
Licensed Embalmer No. *452*.....
P. O. Address *Appl. Pletas*.....

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.