

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6192 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Reeds Springs MO</u>		c. LENGTH OF STAY (in this place) <u>80 yrs</u>	c. CITY OR TOWN <u>Reeds Springs</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-Newton Sp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>Star Route Newton Sp. 10000</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Franklin</u> b. (Middle) <u>Randolph</u> c. (Last) <u>Brown</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-17-56</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>3-4-1875</u>		9. AGE (In years last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, or (retired)) <u>Farmer retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri Christian Co</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Milton Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Hauer</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>506-10-3124</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chester Carr</u> ADDRESS <u>Reeds Springs MO Star Rt.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic congestive heart failure</u> ANTECEDENT CAUSES <u>arteriosclerotic heart disease</u> Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH	
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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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 2-5, 1956, to 2-16, 1956, that I last saw the deceased alive on 2-16, 1956, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jed D. Bennett M.D.</u>		23b. ADDRESS <u>Branan, MO.</u>		23c. DATE SIGNED <u>2-20-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>2-19-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crienhour Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Reeds Springs MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Whelchel Funeral Home</u>		ADDRESS <u>514</u>	
DATE REC'D BY LOCAL REG. <u>2/23/56</u>		REGISTRAR'S SIGNATURE <u>Helen Campbell</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.....

Licensed Embalmer No.....

P. O. Address .....

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.