

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH8648
State File No.BIRTH NO. 13644-56 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 81

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Franklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington | | c. CITY OR TOWN Washington | |
| c. LENGTH OF STAY (in this place) 11 days | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital | | e. STREET ADDRESS (If rural, give location) St. Francis Hospital 0360 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Jerry | | b. (Middle) Lee | |
| c. (Last) Brown | | 4. DATE OF DEATH (Month) (Day) (Year) March 6, 1956 | |
| 5. SEX Male | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | | 8. DATE OF BIRTH Feb. 24, 1956 | |
| 9. AGE (In years last birthday) 11 | | 10. IF UNDER 1 YEAR Months 11 IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY none | |
| 11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Walter T. Brown | | 13b. MOTHER'S MAIDEN NAME Manie Guffey | |
| 14. NAME OF HUSBAND OR WIFE none | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT'S SIGNATURE OR NAME Walter T. Brown, R.R., Warrenton, Mo. | | 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - Septicemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atelectasis DUE TO (c) Spastic Paraplegia 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"/> | | 7620 | |
| 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 2-24 , 1956, to 3-6 , 1956, that I last saw the deceased alive on 3-6 , 1956, and that death occurred at 6:20 p.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Walter Egermann M.D. | | 23b. ADDRESS Warrenton Mo | |
| 23c. DATE SIGNED 3.7.56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3-7-56 | |
| 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | | 24d. LOCATION (City, town, or county) (State) Warrenton, Mo. | |
| DATE REC'D BY LOCAL REG. 3/10/56 | | REGISTRAR'S SIGNATURE F. W. Nieburg | |
| 25. FUNERAL DIRECTOR'S SIGNATURE F. W. Nieburg & Co., Warrenton, Mo. | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

NOT

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 *John J. Lieburg*.....
Licensed Embalmer No. 389

P. O. Address *Warrington*.....

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.