

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21241

STATE FILE NUMBER

FILED JUL 16 1956

Registration District No. 217

Primary Registration District No. 3045

Registrar's No. 42

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>					
-b. CITY (If outside corporate limits, give-TOWNSHIP only) OR TOWN <u>Charleston</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Charleston</u> <u>06720</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>			Length of stay in lb <u>Life</u>		d. STREET ADDRESS (If outside, give location) <u>N. 6th St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Stephen</u> Middle <u>Madison</u> Last <u>Brown</u>				4. DATE OF DEATH Month <u>6</u> Day <u>29</u> Year <u>56</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>12/23/94</u>		9. AGE (In years last birthday) <u>61</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painting</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Decorator</u>		11. BIRTHPLACE (City and state or country) <u>Miss. County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>William Green Brown</u>				14. MOTHER'S MAIDEN NAME <u>Lillie Watham</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-14-3677</u>		17. INFORMANT Address <u>Mrs. Stella Brown, Charleston, Mo.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Few min.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>East Prairie, Mo.</u>		COUNTY		STATE	
21. I attended the deceased from <u>As Coroner Only</u> and last saw her/him alive on _____ Death occurred at <u>6:05</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Wesley Shelby</u> (Degree or title) <u>Coroner</u>				22b. ADDRESS <u>East Prairie, Mo.</u>				22c. DATE SIGNED <u>6/30/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/1/56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>The Nunnelee Funeral Chapel</u> <u>Charleston, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7-6-56</u>		26. REGISTRAR'S SIGNATURE <u>Dorothy B. Hathorn</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miss. Co. Health Dept
County File No. 1111
Date Filed JUL 9 19

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 John J. Ammel
.....

Licensed Embalmer No. 1111

P. O. Address Charles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.