

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30134

State File No.

FILED OCT 10 1956

BIRTH NO. _____ REG. DIST. NO. #67 PRIMARY REG. DIST. NO. K118 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give town) Sparta Mo		c. CITY OR TOWN Sparta Mo	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)		STREET ADDRESS (If rural, give location) Sparta Mo	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Sparta Mo			

3. NAME OF DECEASED (Type or Print) a. (First) Max		b. (Middle) Brown		c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) Sept 29 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 30, 1902	
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Hours		IF UNDER 15 MINS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY? U S A	

13a. FATHER'S NAME A W Brown		13b. MOTHER'S MAIDEN NAME Nola Farmer		14. NAME OF HUSBAND OR WIFE Orene 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Orene Brown . Sparta Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Myocardial Dilatation		
	DUE TO (c) Acute Myocardial Infarction		
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"/>	
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) 4201	
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 Sept 29, 1956, to Sept 29, 1956, that I last saw the deceased alive on Sept 29, 1956, and that death occurred at 8 - P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) Dr. Charles W. Nelson		23b. ADDRESS Sparta, Mo.		23c. DATE SIGNED Oct. 2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 29/ 10/1/56		24c. NAME OF CEMETERY OR CREMATORY Sparta	
24d. LOCATION (City, town, or county) (State) Christian Mo					

DATE REC'D BY LOCAL REG. Oct. 8, 56		REGISTRAR'S SIGNATURE Nannie Day.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Chaffin Ozark, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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9561 8 10 1971

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 *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address *Ozark, Mo*

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.