

FILED OCT 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33394

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>60</u>		PRIMARY REG. DIST. NO. <u>5235</u>		Registrar's No. <u>89</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>			
b. CITY OR TOWN <u>South Bloomington</u>		c. LENGTH OF STAY (in this place) <u>15</u>		c. CITY OR TOWN <u>Jessie, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ <u>90/0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2-M. E. Jensen Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>2 Miles E. Jessie, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ANDY</u>		b. (Middle) <u>LOGAN</u>		c. (Last) <u>BROWN</u>	
4. DATE OF DEATH		Month <u>10</u> Day <u>12</u> Year <u>1956</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-27-1873</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>15</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN F. BROWN</u>		13b. MOTHER'S MAIDEN NAME <u>Liah F. Weststone</u>		14. NAME OF HUSBAND OR WIFE <u>Clara C. Brown</u>			
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>500-40-9636</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clara C. Brown</u> ADDRESS <u>Jessie, Mo.</u>			
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 <u>Cardio-vascular heart disease</u> <u>arteriosclerosis</u> <u>prostatic hypertrophy</u> ANTECEDENT CAUSES <u>Due to (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> 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 <u>yes</u> <u>yes</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>3-29</u> , 19 <u>49</u> , to <u>9-29</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>9-29</u> , 19 <u>56</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. B. Richter M.D.</u>		23b. ADDRESS <u>Stockton, Mo.</u>		23c. DATE SIGNED <u>10-19-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-14-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stockton City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Stockton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-26-56</u>		REGISTRAR'S SIGNATURE <u>Edgar H. Bridget</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John D. Long</u> ADDRESS <u>Jessie, Mo.</u>			

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..... 374

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.