

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34530**
201

FILED OCT 16 1956

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5589 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY OR TOWN 2 1/2 Miles S.E. Carthage		c. CITY OR TOWN Rural-Canteen	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) 239 Art. St. (State Park Pl)	
d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. Highway 166			

3. NAME OF DECEASED (Type or Print)	a. (First) Clifford W.	b. (Middle) _____	c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) 10-2-1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 18, 1909	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Voss Truck Lines Brussels Ontario, Canada	11. BIRTHPLACE (City and State or Foreign Country) 2	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Angus D. Brown	13b. MOTHER'S MAIDEN NAME Amelia Whitfield	14. NAME OF HUSBAND OR WIFE Gladys Ward Brown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No	17. INFORMANT'S SIGNATURE OR NAME Gladys M. Brown	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Injuries multiple extreme		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disembowelment		
	DUE TO (c) Crush injury, spinal & face Crush injury, chest		
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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2 1/2 mi east alt 71 m N 5 1/2 W	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jasper Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-2-56 7:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Truck collision crushed to death in cab of tractor by rear trailer
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22. I hereby certify that I attended the deceased from Oct 2, 1956, to Oct 3, 1956, that I last saw the deceased alive on Oct 2, 1956, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE William M. Cannon Jasper Co.	3 (Degree or title)	23b. ADDRESS First Nat'l Bldg. Jasper Mo	23c. DATE SIGNED 10-3-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-5-56	24c. NAME OF CEMETERY OR CREMATORY St. John	24d. LOCATION (City, town, or county) (State) Collinsville, Ill.
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DATE REC'D BY LOCAL REG. 10-4-56	REGISTRAR'S SIGNATURE Ely Clinton	25. FUNERAL DIRECTOR'S SIGNATURE The Ulmer Funeral Home - Carthage	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1951 8 2 833

1951 8 2 1955

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The body of Mr. Clifford W. Brown was not Arterially embalmed due to condition of his accident. His body was asperated and hyped very thoroughly. Due to Mr. Brown's condition it was impossible to do any other type of preservation. His body was removed in a sealer casket.

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 *Edward E. [Signature]*

Licensed Embalmer No. 4955

P. O. Address ..Garthage, ..M

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.