

FILED JAN 26 1957

STANDARD CERTIFICATE OF DEATH

3332

STATE FILE NUMBER

Registration District No. 325

Primary Registration District No. 4479

Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Schuyler</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Schuyler</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Queen City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Queen City, Mo</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>JAMES BROWN</i>				4. DATE OF DEATH Month <i>1</i> Day <i>4</i> Year <i>57</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <i>1-24-1889</i>	
9. AGE (In years last birthday) <i>68</i>		10. IF UNDER 1 YEAR Months <i>1</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>		11. BIRTHPLACE (City and state or country) <i>Perry, La.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>---</i>			
13. FATHER'S NAME <i>George Brown</i>				14. MOTHER'S MARRIED NAME <i>Dr. Linda Esther Cochran</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>---</i>		17. INFORMANT Address <i>1011 N.W. 89</i> <i>Mrs. Wilbur Bass, Okla. City, Okla.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) <i>Phlebotomy Mellitus</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Aneurysm</i>						INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs.</i> <i>10 yrs.</i> <i>6 yrs.</i>	
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.) <i>---</i>					
20c. TIME OF INJURY Hour <i>---</i> Month, Day, Year a. m. <i>---</i> p. m. <i>---</i>		20d. INJURY OCCURRED WHILE AT <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.) <i>---</i>		20f. CITY, TOWN, OR LOCATION <i>---</i>		COUNTY <i>---</i>		STATE <i>---</i>	
21. I attended the deceased from <i>8/23/50</i> to <i>1/4/57</i> and last saw him alive on <i>1/4/57</i> Death occurred at <i>11:00</i> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Edward M. Roberts, M.D.</i>				22b. ADDRESS <i>Queen City, Mo.</i>		22c. DATE SIGNED <i>1/7/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		23b. DATE <i>1-9-57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Mount View Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Authrie, Okla.</i>	
24. FUNERAL DIRECTOR <i>Dorothy L. Hume</i>				25. DATE RECD. BY LOCAL REG. <i>Jan. 7 - 1957</i>		26. REGISTRAR'S SIGNATURE <i>Wm. R. Drake</i>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

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1-56

JAN 8 9 1957

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. 46

P. O. Address Queen City

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.