

FILED MAR 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4280

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4444 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Gentry</u> <u>8</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Athens Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>McFall</u> <u>0380</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>Plainview</u>		d. STREET ADDRESS (If outside, give location) <u>2 years</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Patrick</u> Last <u>Brown</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>22</u> Year <u>1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 8 1864</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>14</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hardware dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hardware</u>		11. BIRTHPLACE (City and state or country) <u>Ross County Ky. 1</u>	
13. FATHER'S NAME <u>William Brown</u>			14. MOTHER'S MAIDEN NAME <u>Joan Patrick</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.		17. INFORMANT <u>Newt Brown</u> Address <u>McFall 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>Carcinoma of Stomach.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</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? <u>151X</u> 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 COUNTY STATE	
21. I attended the deceased from <u>Jan. 1954</u> to <u>Feb. 21-57</u> and last saw ^{her} him alive on <u>Feb. 21-57</u> Death occurred at <u>7:00</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>C. J. Pray, D.O. Albany</u>			22b. ADDRESS		22c. DATE SIGNED <u>2-23-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Feb 25 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>McFall</u>		23d. LOCATION (City, town, or county) (State) <u>McFall Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Clifford Brooks Albany, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 24, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300-56

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by me, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Donald E. Cochell*
.....

Licensed Embalmer No..... 48

P. O. Address Albany, ..

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