

Health, Welfare and Public Service

300 -56

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

STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1957

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Salem		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hart Clinic			Length of stay in 1b 4 days	d. STREET ADDRESS (If outside, give location) West Plains road			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) John Allen Brown				4. DATE OF DEATH Mar 10 1957				
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 1 1880		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY general	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U S			
13. FATHER'S NAME John W Brown			14. MOTHER'S MAIDEN NAME Mary 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. X	17. INFORMANT Mrs J A Brown Salem Mo					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) - Coronary Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 46 hrs.	
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? 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 Month, Day, Year a. m. p. m.			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.)		20f. CITY, TOWN, OR LOCATION Salem Mo		COUNTY Dent		STATE Mo		
21. I attended the deceased from 4-12-57 to 3-10-57 and last saw her alive on 3-10-57 Death occurred at 7 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE J. A. Brown				22b. ADDRESS Salem Mo		22c. DATE SIGNED 3/10/57		
23a. BURIAL, CREATION REMOVAL, or other		23b. DATE 3-12-57	23c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem.		23d. LOCATION (City, town, or county) Salem Dent Co Mo		(State)	
24. FUNERAL DIRECTOR J. A. Brown			ADDRESS	25. DATE RECD. BY LOCAL REG. 3/13/57		26. REGISTRAR'S SIGNATURE J. A. Brown		

(Licensed Embalmer's Statement on Reverse Side)

380

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, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Carl D. Jensen*.....

Licensed Embalmer No. *931*

P. O. Address *Palmdale*

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