Health, & Welfare Public Service

S. 300 .1-56

FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16634
STATE FILE NUMBER

13276-57 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY DUNKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KENNETT — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Dunklin Co. MEMORIAL Hosp. — Length of stay in 1b Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY DUNKLIN ✓
c. CITY OR TOWN KENNETT 0352 0 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1056a RUSSELL — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First IRVIN Middle LEE Last BROWN
4. DATE OF DEATH Month MAY Day 17 Year 1957
5. SEX M 0
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH MAR. 18 - 1957
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 Days 29 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Kennett, Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHNIE BROWN
14. MOTHER'S MAIDEN NAME ELIZABETH MELSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT John Brown Address Kennett, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH Hours.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) History of being struck by lightening
DUE TO (c) 9359
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 46
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION 035 COUNTY STATE

21. I attended the deceased from 16 May 57, to 17 May 57 and last saw ~~her~~ him alive on 17 May 57
Death occurred at 2:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joe A. Zimmerman, M.D. 0
22b. ADDRESS Kennett, Mo.
22c. DATE SIGNED 5-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE May 18 1957
23c. NAME OF CEMETERY OR CREMATORY Oak Ridge
23d. LOCATION (City, town, or county) (State) Kennett, Mo

24. FUNERAL DIRECTOR ADDRESS [signature]
25. DATE RECD. BY LOCAL REG. 5-18-1957
26. REGISTRAR'S SIGNATURE [signature]

(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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED DUNKLIN COUNTY
DEPARTMENT 5-21-
COUNTY FILE NUMBER 55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 255

P. O. Address Kennett

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