X

.S. No. 300
Rev. 10-48

FILED SEP 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 027422

State File No.

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 61

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0050

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cassville
c. LENGTH OF STAY (in this place): 15 Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassville Communtiy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN: Exeter RFD
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Liberty/Twp.

0050

3. NAME OF DECEASED (Type or Print)
a. (First): FRANKIE
b. (Middle): DEAN
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): 8 25 57

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 12-7-1940
9. AGE (In years last birthday): 16 — IF UNDER 1 YEAR: Months 8, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Stone Co.
11. BIRTHPLACE (City and State or Foreign Country): Exeter, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ira Brown
13b. MOTHER'S MAIDEN NAME: Ruth Nelson
14. NAME OF HUSBAND OR WIFE: none

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.: 496-42-9209
17. INFORMANT'S SIGNATURE OR NAME: Ira Brown — ADDRESS: Exeter, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed Chest, Fractured Neck and Skull — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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? 2 — YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 37 Barry Co
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): FlatCreek Twp Barry Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 24 57 11:45A
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Car wreck

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22. *I hereby certify that I attended the deceased from* 24 Aug, 1957, *to* 25 Aug, 1957, *that I last saw the deceased alive on* 25 Aug, 1957, *and that death occurred at* 12:05 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vance E. Cudling D.O.
23b. ADDRESS: Cassville, Mo.
23c. DATE SIGNED: 8/30/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-28-57
24c. NAME OF CEMETERY OR CREMATORY: Concord Cemetery
24d. LOCATION (City, town, or county) (State): Barry Co. Missouri

DATE REC'D BY LOCAL REG.: 8-30-1957
REGISTRAR'S SIGNATURE: Grace Williams
25. FUNERAL DIRECTOR'S SIGNATURE: Hyle E. Williamson — ADDRESS: Williamson Chapel Cassville, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 957-153

DATE REC: 9-5-57

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student..... Signature of Student Embalmer

FEB 27 1958

Signed Hyle E Wilbanks

Licensed Embalmer No. 488

P. O. Address Cassville

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