FILED SEP 3 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 28800

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY Mercer
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lambert Hospital — Length of stay in Institution: About 10 Minutes

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Putnam
c. CITY OR TOWN Newtown, — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. F. D. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First James Middle Henry Last Brown

4. DATE OF DEATH Month August Day 25 Year 1957

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Nov. 20, 1883 **9. AGE** (In years last birthday) 73 — IF UNDER 1 YEAR: Months 9 Days 5 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner **10b. KIND OF BUSINESS OR INDUSTRY** Farm

11. BIRTHPLACE (City and state or country) Sullivan County, Missouri **12. CITIZEN OF WHAT COUNTRY?** U. S. A.

13. FATHER'S NAME John Henry Brown **14. MOTHER'S MAIDEN NAME** Harriett E. Lewis

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.** 494-40-9317

17. INFORMANT Mr. John J. Brown Address R. F. D. No. 2 Trenton, Missouri

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) Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis — 5 years
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
2:1 Heart block 3years. 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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** COUNTY STATE

21. I attended the deceased from June 16, 1954 to August 25, 1957 and last saw him alive on 1-17-55
Death occurred at 9:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank H Galvert (Degree or title) MD **22b. ADDRESS** 210 W. Main St. Princeton, Mo **22c. DATE SIGNED** 8/28/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** Aug 29-57 **23c. NAME OF CEMETERY OR CREMATORY** Harris Cemetery **23d. LOCATION** (City, town, or county) (State) Harris, Missouri

24. FUNERAL DIRECTOR Comstock Funeral Home By John N. Comstock **ADDRESS** Unionville, Mo. **25. DATE RECD. BY LOCAL REG.** 8-28-57 **26. REGISTRAR'S SIGNATURE** Noel Moore

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. may 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.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John N. Comstock

Licensed Embalmer No. 38

P. O. Address Unionville

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.