

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **32623**

No. 300
10. 48

FILED SEP 30 1957

Registrar's No. **157**

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 3041		Registrar's No. 157	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE Kansas b. COUNTY Doniphan			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Macon		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Troy		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Welcome Motel Jct. 36 & 65				f. STREET ADDRESS (If rural, give location) 8150 8			
3. NAME OF DECEASED (Type or Print) HUGH COWEN BROWN			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH Sept 14, 1957 (Month) (Day) (Year)	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 29, 1891	
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 9 Days 15		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Bus line		11. BIRTHPLACE (City and State or Foreign Country) Troy, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Brown		13b. MOTHER'S MAIDEN NAME Clair Byers		14. NAME OF HUSBAND OR WIFE Loren Lee Brown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give year or dates of service) WW #1		16. SOCIAL SECURITY NO. 349-01-7468		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Loren Brown, Troy, Kansas			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Due to (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (c) History coronary heart disease				INTERVAL BETWEEN ONSET AND DEATH: 24 hrs. 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 13, 1957 , to Sept 14, 1957 , that I last saw the deceased alive on Sept 13, 1957 , and that death occurred at 3:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Donald E. Eggleston M.D.				23b. ADDRESS Macon, Missouri		23c. DATE SIGNED 20 Sept 57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/16/1957		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive		24d. LOCATION (City, town, or county) (State) Troy, Kansas	
DATE REC'D BY LOCAL REG. 9/21/57		REGISTRAR'S SIGNATURE Cluth M. Neely		25. FUNERAL DIRECTOR'S SIGNATURE R. Lester Bran		ADDRESS Macon, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 1 1957

OCT 14 1957

Date Filed 9.27.57

STATEMENT BY LICENSED EMBALMER

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

Student Signature of Student Embalmer

Signed *R. Lester Bran*

Licensed Embalmer No. 442

P. O. Address *Macon*

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