t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34800
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 406

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Columbia, Missouri — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): University of Mo. Medical Center — Length of stay in Ib: 12 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Phelps
c. CITY OR TOWN: St. James — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. 2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Boyd Middle: Arnold Last: Brown

4. DATE OF DEATH: Month: Nov. Day: 7 Year: 1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 7/19/38

9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor

10b. KIND OF BUSINESS OR INDUSTRY: Farm Laborer

11. BIRTHPLACE (City and state or country): St. James, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Ed S. Brown

13b. MOTHER'S MAIDEN NAME: Clara Wheat

14. NAME OF HUSBAND OR WIFE: -------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 494-42-7975

17. INFORMANT: Hospital Records Address: Columbia 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): Cardiac decompensation – Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 1 day +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Uremia — 6 weeks (?)
DUE TO (c): Possible chronic glomerulonephritis — 5 months (known)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Severe anemia 592X

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 25 October to 7 November and last saw him alive on 7 November. Death occurred at 4:40 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank R. Mohs, M.D. (Degree or title) **22b. ADDRESS** U. of Mo. Med Center; Columbia, Mo. **22c. DATE SIGNED** Nov 7, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 11/9/57 **23c. NAME OF CEMETERY OR CREMATORY**: St. James Cem. **23d. LOCATION** (City, town, or county) (State): St. James, Missouri

24. FUNERAL DIRECTOR Lyman Funeral Home, Columbia Mo. ADDRESS **25. DATE RECD. BY LOCAL REG.** Nov. 8 1957 **26. REGISTRAR'S SIGNATURE** Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

NOV 10 1958

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 Lyman Granville

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo.

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.