

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40777
STATE FILE NUMBER

FILED NOV 25 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 528

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ORONOGO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN			Length of stay in lb 2 DAYS	d. STREET ADDRESS (If outside, give location) GEN. DEL.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CARL Middle DALE Last BROWN				4. DATE OF DEATH Month NOVEMBER Day 6 Year 1957			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH NOVEMBER 4, 1957		9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 2 Days 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) JOPLIN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME CHARLES HENRY BROWN				14. MOTHER'S MAIDEN NAME DORTHY LORENE RUNDLE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address CHARLES " . BROWN, ORONOGO, MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown - (over) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Small area alopecia							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>11-4-57</u> to <u>11-6-57</u> and last saw ^{her} / _{him} alive on <u>11-5-57</u> Death occurred at <u>5:45</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Am. Ferguson MD</i>				22b. ADDRESS <i>Webb City, Mo.</i>		22c. DATE SIGNED <i>11/7/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11-7-1957	23c. NAME OF CEMETERY OR CREMATORY WACO CEMETARY		23d. LOCATION (City, town, or county) (State) WACO MISSOURI		
24. FUNERAL DIRECTOR ADDRESS HEDGE-LEWIS FUNERAL HOME, WEBB CITY, MO.			25. DATE RECD. BY LOCAL REG. 11-18-1957		26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>		

County: _____
Date Filed: _____
Relatively short labor, born a frank breech
but an easy delivery (mother Gravida VIII)
mother Rh pos. - Baby did well, breathed promptly
and had no trouble in nursery. At 2:30 AM
baby did not take breast feeding as well as usual
but mother noted no dyspnea or other symptoms.
Nurses found baby dead at 5:45 AM. - NO blood,
or vomitus in or near mouth. Head was not
included in autopsy but there were no signs
of intracranial pathology. - *Amstrong, Inc*

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 *Richard Roy Lew*

Licensed Embalmer No. *440*

P. O. Address *Webb Co*

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.