

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43176

State File No.

FILED DEC 3 - 1957

BIRTH NO.		REG. DIST. NO. <u>925</u>		PRIMARY REG. DIST. NO. <u>6098</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>6 mo.</u>		c. CITY OR TOWN <u>Lancaster</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Liberty Twp</u>				STREET ADDRESS (If rural, give location) <u>0980</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELverson</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 14, 1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>		8. DATE OF BIRTH <u>May 4, 1896</u>	
9. AGE (In years last birthday) <u>61</u>		10. MONTHS <u>6</u>		11. DAYS <u>10</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter-painter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Schuyler County</u>	
13a. FATHER'S NAME <u>Elisha Brown</u>				13b. MOTHER'S MAIDEN NAME <u>Millie Muey</u>		14. NAME OF HUSBAND OR WIFE <u>Chris Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>(If yes, give war or dates of service)</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chris Brown, Lancaster Mo.</u>			
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) <u>Carcinoma of stomach</u> 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. <u>151X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> YES ☐ NO ☒	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug. 16, 1957</u> , to <u>Nov 14, 1957</u> , that I last saw the deceased alive on <u>Nov 13, 1957</u> , and that death occurred at <u>1:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. B. Baker</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Lancaster Mo.</u>		23c. DATE SIGNED <u>11-17-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Nov. 15, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arnis Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Lancaster Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-21-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. J. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home</u>		ADDRESS <u>Lancaster Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

35 3

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

Donald E. Foster
Licensed Embalmer No. *4742*

P. O. Address *Superior, N.Y.*

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.