

FILED DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43769

STATE FILE NUMBER

Registration District No. 60

Primary Registration District No. 4106

Registrar's No. 72

1. PLACE OF DEATH a. COUNTY: CEDAR				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: MISSOURI b. COUNTY: VERNON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: TERICO SPRINGS MO				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN: SHELDON 108	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in lb 3 WEEKS		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last BENJAMIN FRANK BROWN				4. DATE OF DEATH Month Day Year DEC 19 57			
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 JAN 26 1876	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL TEACHER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) VERNON CO. MO.		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 81	
13. FATHER'S NAME GEORGE BROWN				14. MOTHER'S MAIDEN NAME ELLA WALLACE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address BIBLE	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201						INTERVAL BETWEEN ONSET AND DEATH 1 Day	
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 12-19 to 12-19 and last saw her from alive on 12-12 Death occurred at 4 pm m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W B Bannister M.D.				22b. ADDRESS Terico Springs Mo		22c. DATE SIGNED 12-19-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC 21, 1957		23c. NAME OF CEMETERY OR CREMATORY BRASHER CEMETERY		23d. LOCATION (City, town, or county) (State) CEDAR CO. MO.	
24. FUNERAL DIRECTOR ADDRESS BEENEY FUNERAL HOME SHELDON, MO				25. DATE RECD. BY LOCAL REG. 12-28-1957		26. REGISTRAR'S SIGNATURE Norma Timmerman	

JAN 9 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 *S. Bernard Buz*

Licensed Embalmer No. *416*

P. O. Address *Shelton, 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.