

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2001
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 17

S. 300
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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal Mo.		c. CITY OR TOWN Perry Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First John Middle E. Last Brown		4. DATE OF DEATH Month Jan. Day 19, Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 1, 1866
9. AGE (In years at birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Physician M.D.	11. BIRTHPLACE (City and state or country) Audrain Co. Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Physician M.D.		10b. KIND OF BUSINESS OR INDUSTRY M. D.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John Brown		13b. MOTHER'S MAIDEN NAME Unknown	
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. ---	
17. INFORMANT Miss Margaret Vandeventer.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral apoplexy Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arterio sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 days
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 _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 Jan 16 to Jan 19 - 1958 and last saw him alive on January 19, 1958 Death occurred at 10:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. H. Ardesty M.D.		22b. ADDRESS Hannibal, Missouri	
22c. DATE SIGNED 1-21-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-21-58	
23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery		23d. LOCATION (City, town, or county) (State) Perry, Missouri	
24. FUNERAL DIRECTOR Clyde L. ... Perry, Mo.		25. DATE RECD. BY LOCAL REP. 1-23-58	
26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by W. C. ...			

RECEIVED JAN 29 1958
MARION CO. HEALTH DEPT.
DATE FILED JAN 29 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 *Clyde C. McKinney*

Licensed Embalmer No. *3820*

P. O. Address *Seneca, 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.