

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011403

State File No.

318

1003

2566

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>18 days</u>		c. CITY OR TOWN <u>Berryman</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>24 HOSPITAL OR INSTITUTION St. Louis Children's Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>31 _____ 0280</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dolores</u>		b. (Middle) <u>Irene</u>		c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 2 58</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>3/5/57</u>	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Meridian, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
11. Months <u>11</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		13a. FATHER'S NAME <u>Daniel A. Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Opal Fisher</u>	
13c. DATE OF BIRTH		13d. NAME OF HUSBAND OR WIFE <u>none</u>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
15. SEX		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Helen Nesslein-500 So. Kingshighway</u>			
16. COLOR OR RACE		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS			
17. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
18. CAUSE OF DEATH		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
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)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21f. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>2/12/58</u> , 19 <u>58</u> , to <u>3/2/</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>3/2/</u> , 19 <u>58</u> , and that death occurred at <u>8:25a</u> m., from the causes and on the date stated above.			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		23a. SIGNATURE (Degree or title) <u>J. H. Middleberg M.D.</u>			
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, 19 _____, to _____, 19 _____, that I last saw the deceased alive on _____, 19 _____, and that death occurred at _____ m., from the causes and on the date stated above.		23b. ADDRESS <u>500 So. Kingshighway</u>			
22. I hereby certify that I attended the deceased from _____, 19 _____, to _____, 19 _____, that I last saw the deceased alive on _____, 19 _____, and that death occurred at _____ m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title)		23c. DATE SIGNED <u>3-3-58</u>			
23a. SIGNATURE (Degree or title)		23b. ADDRESS		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			
23b. ADDRESS		23c. DATE SIGNED		24b. DATE <u>3-2-58</u>			
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify)		24c. NAME OF CEMETERY OR CREMATORY <u>Potosi, Mo.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24d. LOCATION (City, town, or county) (State)			
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sparks Funeral Home, Potosi, Mo.</u>			
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)		26. DATE REC'D BY LOCAL REG. <u>MAR 3 '58</u>			
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		27. REGISTRARS SIGNATURE <u>Carl Smith M.D.</u>			
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		26. DATE REC'D BY LOCAL REG.		28. REGISTRARS SIGNATURE			
26. DATE REC'D BY LOCAL REG.		27. REGISTRARS SIGNATURE		29. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE			

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

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.....
Not Embalmed
Lawrence G. Meyer
Licensed Embalmer No.....

P. O. Address

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.