

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014634  
State File No. ....

FILED APR 18 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY OR TOWN <u>Mosby</u> <u>6000</u> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hosp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>Mosby Rural City</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CATHERINE</u> b. (Middle) <u>SUE</u> c. (Last) <u>BROWN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>12</u> <u>1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>unknown</u>	9. AGE (in years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Offutt</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Alfred R. Brown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Melvin Brown</u> ADDRESS <u>R1 Webb City, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>96 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ac Myocardial Infarction</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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-12-58, 1958, to 4-12, 1958, that I last saw the deceased alive on 4-12, 1958, and that death occurred at 11:50 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lewis H. Ferguson M.D.</u>	23b. ADDRESS <u>206 Medical Bldg. Joplin Mo</u>	23c. DATE SIGNED <u>4-18-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-15-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>ORRICK Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-12-1958</u>	REGISTRAR'S SIGNATURE <u>Noice Merriam</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Prichard's Funeral Home</u> ADDRESS <u>Excelsior Springs</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 6 1958

MAY 9 1958

NOV 28 1958

Date Filed APR 16 1958  
County File Number 28-4-33

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 DERFELT FUNERAL HOME, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Roy L. Derfelt

Licensed Embalmer No. 4943

P. O. Address Galena, Ill.

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.