

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017040

State File No. \_\_\_\_\_

FILED APR 23 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6157 Registrar's No. 470

1030

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

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dexter Liberty Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dexter</u> <u>1031</u>	
c. LENGTH OF STAY (in this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Davis Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>Baker</u>	
c. (Last) <u>Brown</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 16, 1958</u>	
5. SEX <u>male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced 3</u>	8. DATE OF BIRTH <u>Oct. 4, 1881</u>
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Foreman</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Green Co., Ark.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>C. S. Brown</u>	
13b. MOTHER'S MAIDEN NAME <u>Josephine Woods</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>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John Sitton Dexter, 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>Encephalitis</u> ANTECEDENT CAUSES Asterbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Parkinson Disease et</u> DUE TO (c) <u>general arteriosclerosis</u> 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"/>		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>350X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Over)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1958</u> to <u>4-16-</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>4-15-</u> , 19 <u>58</u> , and that death occurred at <u>6:00</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>S. S. Davis M.D.</u>		23b. ADDRESS <u>Dexter Mo.</u>	
23c. DATE SIGNED <u>4-18-58</u>		24. NAME OF CEMETERY OR CREMATORY <u>Dexter cemetery</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-19-58</u>	
24c. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins &amp; Sons Dexter, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/19/58</u>		REGISTRAR'S SIGNATURE <u>Delores V. Jenkins</u>	

APR 24 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.

Signed Wm. H. Atkins

Student .....  
Student Embalmer

Licensed Embalmer No. 4717

P. O. Address 101 N. W. 1st St.

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 this body is not embalmed, fact should be so stated above.