

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026046

State File No.

FILED AUG 6 1958

BIRTH NO.		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 03-96		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN VALLE		c. LENGTH OF STAY (in this place) yrs		c. CITY OR TOWN DESOTO		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. RT. WEST				e. STREET ADDRESS (If rural, give location) ST. RITE WEST			
3. NAME OF DECEASED (Type or Print) a. (First) WALTER		b. (Middle) RAY		c. (Last) BROWN		4. DATE OF DEATH (Month) (Day) (Year) July 22 1958	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH (last birthday) June 26 1894	
9. AGE (in years) 64		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY CARPENTER		11. BIRTHPLACE (City and State or Foreign Country) LUEBBERING MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN M BROWN		13b. MOTHER'S MAIDEN NAME LORINA LEWIS		14. NAME OF HUSBAND OR WIFE EMMA BROWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WWI		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EMMA BROWN ST. RT WEST DESOTO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS		ANTECEDENT CAUSES				DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				DUE TO (c) _____	
11. 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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) 4201			
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?			
22. I hereby certify that I attended the deceased from Inquest, 19___, to ___ 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at 2:00 P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James C. Tolson, D.P. Crow 3				23b. ADDRESS Festus MO		23c. DATE SIGNED 7/24/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-25-58		24c. NAME OF CEMETERY OR CREMATORY BROWN CEMETERY		24d. LOCATION (City, town, or county) (State) RICHWOODS MO	
DATE REC'D BY LOCAL REG. 7-30-58		REGISTRAR'S SIGNATURE Marie Harris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MAHN FUNERAL HOME DESOTO, MO			

(Licensed Embalmer's Statement on Reverse Side)

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

0500

41

JEFFERSON COUNTY HEALTH DEPT.

HILLSBORO, MISSOURI

AUG 6 1958

AUG 8 1958

DATE RECEIVED

AUG 4 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 Daniel J. Mahan

Licensed Embalmer No. 432

P. O. Address Photo, 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.