

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029665
STATE FILE NUMBER

FILED SEP 9 1958 Registration District No. 207 Primary Registration District No. Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Rural Johnson Twp TOWN Johnson Twp Inside Limits Yes ☐ No ☒		c. CITY OR TOWN Rural Johnson Twp Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None		d. STREET ADDRESS Rural Johnson Twp (If outside, give location) Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First Randall Middle Douglas Last Brown		4. DATE OF DEATH Aug 31 1958 Month Aug Day 31 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Aug 15, 1931 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY International Shoe	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William S. Brown		14. MOTHER'S MAIDEN NAME Viola Glenn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean		16. SOCIAL SECURITY NO. 495034-2890	
17. INFORMANT William G. Brown, St. James, Mo.		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) Accidental Gun Shot Wound in Head Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) His gun having fallen toward him. DUE TO (c) 9190 19			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 11:45A Month 8 Day 31 Year 1958			
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) His Home	
20f. CITY, TOWN, OR LOCATION Safe, Mo.		COUNTY Maries STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. C. Cunningham		22b. ADDRESS Vienna Mo	
22c. DATE SIGNED 9/4/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept 3, 1958	
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) (State) Phelps Co, Missouri	
24. FUNERAL DIRECTOR Jesse Sahr		25. DATE RECD. BY LOCAL REG. Sept. 4-1958	
26. REGISTRAR'S SIGNATURE A. C. Maybelle White			

(Licensed Embalmer's Statement on Reverse Side)

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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SEP 10 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.....

Jesse Gahr

Licensed Embalmer No. *445*

P. O. Address *St. Jan*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.