

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031952

STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		c. CITY OR TOWN Fulton 0143 _a	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hospital		Length of stay in 1b 5 1/2 Days	
d. STREET ADDRESS Seminole Ct.		(If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Walter Middle L. Last Brown			4. DATE OF DEATH Month Oct. Day 8 Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 9, 1897	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blockman for Midcontinent Sales	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) West Jerseyville, Ill	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Robert L. Brown	14. MOTHER'S MAIDEN NAME Alnora Munday
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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) D.K.	16. SOCIAL SECURITY NO. 329-01-6255	17. INFORMANT Address Mrs. Walter L. Brown, Fulton, Mo
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute Myocardial Infarction	
	DUE TO (c) 4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/> a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Fulton Mo	COUNTY	STATE
21. I attended the deceased from 11/3/50 to 10/8/58 and last saw him alive on 10/8/58 Death occurred at 10:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) George Ford and	22b. ADDRESS Fulton Mo	22c. DATE SIGNED 10-10-58
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23a. BURIAL, CREMATION, or other disposal (Specify) Burial	23b. DATE Oct-11-1958	23c. NAME OF CEMETERY OR CREMATORY Kane Cemetery	23d. LOCATION (City, town, or county) (State) Kane Green, Illinois
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24. FUNERAL DIRECTOR Wallace Funeral Home, Fulton, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. Oct-10-1958	26. REGISTRAR'S SIGNATURE Maretha Lawrence
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(Licensed Embalmer's Statement on Reverse Side)

health, Welfare Public Service 4-3 300 1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. 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

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 *Arthur R. Massey*

Licensed Embalmer No. *499*

P. O. Address *Fulton,*

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