

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033213
STATE FILE NUMBER

FILED OCT 15 1958

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 482

300
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		d. STREET ADDRESS 2318 E. 20TH ST.	

3. NAME OF DECEASED (Type or print) WILLIAM J. BROWN			4. DATE OF DEATH OCTOBER 5, 1958		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 7, 1891	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILL SUPT.	10b. KIND OF BUSINESS OR INDUSTRY KANSAS EXPLORATION	11. BIRTHPLACE (City and state or country) JOPLIN, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM C. BROWN	13b. MOTHER'S MAIDEN NAME EMMA MILLER	14. NAME OF HUSBAND OR WIFE RUTH BROWN
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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) UNK	16. SOCIAL SECURITY NO. UNK	17. INFORMANT MRS. RUTH BROWN, 2318 E. 20TH ST.
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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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Oct. 1, 1958	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis		3 years
	DUE TO (c) Hypertension		6 years
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"/>	

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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 COUNTY STATE
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21. I attended the deceased from 1951 to 10-5-58 and last saw him alive on October 5, 1958 Death occurred at 4 8 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Steve Parker</i> (Degree or title) M.D.	22b. ADDRESS 607 F.R.L. Bldg, Joplin, Mo.	22c. DATE SIGNED 10-7-1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-8-58	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,	23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
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24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	25. DATE RECD. BY LOCAL REG. 10-11-1958	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

6961 8 1959

DEC 14 1959

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 *F. M. Jones*

Licensed Embalmer No. *2314*

P. O. Address *Japania*

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.