

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036005
STATE FILE NUMBER

FILED OCT 22 1958 Registration District No. 119 Primary Registration District No. 5443 Registrar's No.

300
1-57
70
4

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROARK		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN HERMANN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FAENE VALLEY REST HOME		Length of stay in 1b 4 YEARS	0370 STREET ADDRESS R.F.D. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LAURA Middle C. Last BROWN			4. DATE OF DEATH Month Oct. Day 12 Year 1958			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 9, 1863	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) HERMANN, Mo. RFD. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME AUGUST LOEHNING		13b. MOTHER'S MAIDEN NAME TRESA THIELEMAN		14. NAME OF HUSBAND OR WIFE Wm. J. BROWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs F. C. KLITICH HERMANN, Mo. RFD.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4200H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA OF COLON		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.)	
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

21. I attended the deceased from **1953** to **10-12-58** and last saw her alive on **10-10-58**
Death occurred at **12:02 P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George M. Workman M.D. (Degree or title)	22b. ADDRESS HERMANN, MO	22c. DATE SIGNED 10-13-58
---	------------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10/15/58	23c. NAME OF CEMETERY OR CREMATORY HERMANN CEMETERY	23d. LOCATION (City, town, or county) (State) HERMANN Mo.
--	------------------------------	---	---

24. FUNERAL DIRECTOR HUGO H. BLUMER	ADDRESS HERMANN, Mo.	25. DATE RECD. BY LOCAL REG. 10-14-58	26. REGISTRAR'S SIGNATURE Delma Uffelmann
---	--------------------------------	---	---

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 *Roger W Blum*

Licensed Embalmer No. 5055
P. O. Address *Herman, Mr.*

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.