

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039132

STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 50 Primary Registration District No. 5176 Registrar's No. 35

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stoutland, Missouri		c. CITY OR TOWN Stoutland, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Auglaize Township		d. STREET (If outside, give location) ADDRESS Rural Rt. #.	

3. NAME OF DECEASED (Type or print) First Middle Last John Henry Brown.			4. DATE OF DEATH Month Day Year Nov. 18, 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 Aug. 28, 1873	9. AGE (In years last birthday) 85	10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith.	10b. KIND OF BUSINESS OR INDUSTRY Farmer.	11. BIRTHPLACE (City and state or country) Stoutland, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Rev. James M. Brown.	13b. MOTHER'S MAIDEN NAME Mary Jane Rogers.	14. NAME OF HUSBAND OR WIFE Daisy Bell 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) No.	16. SOCIAL SECURITY NO. None.	17. INFORMANT Address Daisy Bell Brown Stoutland, 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) Cerebral vascular accident Multiple one month		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) cerebral arteriosclerosis		
DUE TO (c) generalized arteriosclerosis - senility		
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 SUICIDE HOMICIDE None	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 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 11/13/58 to 11/18/58 and last saw him alive on 11/18/58 Death occurred at 9:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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21a. SIGNATURE E. J. Fisher (Degree or title) M.D.	21b. ADDRESS Lebanon, Missouri	21c. DATE SIGNED 11/20/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/20/58	23c. NAME OF CEMETERY OR CREMATORY Highpoint Cemetery.	23d. LOCATION (City, town, or county) (State) Stoutland, Missouri Camden
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24. FUNERAL DIRECTOR Hedges Funeral Home Stoutland, Mo	25. DATE RECD. BY LOCAL REG. Nov. 21-1958	26. REGISTRAR'S SIGNATURE Zilpha J. Drow
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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.

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 *Clarence E. Mad...*

Licensed Embalmer No. .... 4896

P. O. Address Waynesville, 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.