

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004781

STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 55 Primary Registration District No. 5190 Registrar's No. 14

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1. PLACE OF DEATH a. COUNTY <b>CARROLL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>CARROLL</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CARROLLTON - CARROLLTON TWP</b>		c. CITY OR TOWN <b>BOSWORTH</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <b>1 M - N. BOSWORTH</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>ARTHUR GRANNISON (BOSS) BROWN</b>			4. DATE OF DEATH Month Day Year <b>Feb 24 1959</b>
5. SEX <b>MALC</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 10 - 1894</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PHYSICIAN</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Min. <b>85 2 14</b>
11. BIRTHPLACE (City and state or country) <b>BOSWORTH MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>THOMAS JEFFERSON BROWN</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH COLLETT</b>	14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>Dr. Wilson Brown 3518 Westledge 25, Texas Houston</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BROKEN NECK, LEFT LEG Compound FRACTURE AT ONCE BETWEEN HIP + KNEE, SOURCE LASARATIN LEFT JAW BROKEN SKIN RIGHT FOREHEAD</b>			23. INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>ONE CAR AUTO ACCIDENT 1/4 mile east of CARROLLTON, MO</b>			
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <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 <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 <b>CARROLLTON (RURAL) CARROLL MO</b>
21. I attended the deceased from <b>2-24-59</b> to <b>2-24-59</b> and last saw her/him alive on <b>2.0.9.</b> Death occurred at <b>4:45 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R. W. Pugh, Jr. M.D.</b>		22b. ADDRESS <b>Carrollton Mo</b>	22c. DATE SIGNED <b>2-24-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>Feb 27-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ELIZABETH CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>5 M. N. BOSWORTH MO</b>
24. FUNERAL DIRECTOR ADDRESS <b>LEIPARD-EDWARDS BOSWORTH, MO</b>		25. DATE RECD. BY LOCAL REG. <b>3-2-59</b>	26. REGISTRAR'S SIGNATURE <b>Ma. Herbert Carter</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 0 1954

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 *David J. Edwards* .....

Licensed Embalmer No. *3265* .....

P. O. Address. *Boworth, Ga* .....

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.