

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010275

State File No.

FILED MAR 23 1959

BIRTH NO.

REG. DIST. NO. 231

PRIMARY REG. DIST. NO. 3048

Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Craig</u> : 446	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>1405 N. Mulberry</u> C	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>LUCAS</u> c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 13, 1959</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 18, 1883</u>	9. AGE (In years) (last birthday) <u>75</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11. UNDER 28 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or, if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>On farm</u>	11. BIRTHPLACE (State or foreign country) <u>Geneseo, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>W. S. Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Collins</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Brown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>496-05-2528</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Everett W. Brown</u> ADDRESS <u>1405 N Mulberry Maryville, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30-min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1957, 19 , to March 13, 1959, that I last saw the deceased alive on March 10, 1959, and that death occurred at 11:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Dunshie</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Maryville, Mo</u>	23c. DATE SIGNED <u>3-17-59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial & removal</u>	24b. DATE <u>3/16/59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>Craig Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-15-59</u>	REGISTRAR'S SIGNATURE <u>Deas / bolt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur L. Scholer</u> ADDRESS <u>Craig, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

myself
.....
working under no personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Wilber L. Schoeder*
.....

Licensed Embalmer No. *3997*
.....

P. O. Address *Craig, Mo*
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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 this body is not embalmed, fact should be so stated above.