

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012223

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 61

300
1-57 0

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

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN Pierce City Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Vincents		d. STREET ADDRESS (If outside, give location) Route 2	
3. NAME OF DECEASED (Type or print) First Middle Last Clarence Sanders Brown		4. DATE OF DEATH Month Day Year 4 12 1959	
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 30, 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Newton County Mo.
13a. FATHER'S NAME Willie Brown		13b. MOTHER'S MAIDEN NAME Melissa Legrand	14. NAME OF HUSBAND OR WIFE Mrs. Anna E. Brown
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. 500-40-9786A	17. INFORMANT Mrs. Anna E. Brown
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bilateral Bronchopneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>8 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			491X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arteriosclerosis, generalized and senile dementia</i>			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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at <i>2-4-59 8:30 p.m.</i> to <i>4-12-59</i> and last saw her/him alive on <i>4-12-59</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. P. Edwards M.D.</i>		22b. ADDRESS <i>Monett Mo</i>	
22c. DATE SIGNED <i>4-13-59</i>			
23a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>4-15-1959</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Jolly Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Barry County Mo.</i>	
24. FUNERAL DIRECTOR <i>Wilks Bros.</i>		25. DATE RECD. BY LOCAL REG. <i>4-16-59</i>	
ADDRESS <i>Pierce City Mo.</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. P. M. Cook</i>	

APR 27 1959

DATE REC. 7-23-57

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 Edwin Wilks....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Edwin Wilks.....

Licensed Embalmer No. 4131.....
P. O. Address Pierce City.....

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.