

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013097

STATE FILE NUMBER

DECEASED MAY 5 1959

Registration District No. 138

Primary Registration District No.

Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <i>Hickory</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Hickory</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Weaubleau</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Weaubleau</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>East Weaubleau</i>		Length of stay in lb <i>6 years</i>	d. STREET ADDRESS (If outside, give location) <i>East Weaubleau</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Benjamin A. Brown</i>			4. DATE OF DEATH Month Day Year <i>April 29-1959</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec 27-1871</i>
9a. AGE (In years last birthday) <i>87</i>		IF UNDER 1 YEAR Months Days <i>3 27</i>	IF UNDER 24 HRS. Hours Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>School Teacher</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>Weaubleau, Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		13a. FATHER'S NAME <i>Kirk Brown</i>	
13b. MOTHER'S MAIDEN NAME <i>Nancy Morris</i>		14. NAME OF HUSBAND OR WIFE <i>Edna Brown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes Spanish American</i>		16. SOCIAL SECURITY NO. <i>unknown</i>	17. INFORMANT <i>Holie Richter - Weaubleau Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Asphyxiation</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Inhabitant of Burning House</i> DUE TO (c) <i>9:16-0</i>			INTERVAL BETWEEN ONSET AND DEATH <i>minutes</i>
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"/>
20a. ACCIDENT <input checked="" 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.) <i>This house burned</i>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i></i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	
20e. CITY, TOWN, OR LOCATION <i>043</i>		20f. COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw him alive on <i>April 24 1959</i> Death occurred at <i>11:00 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>H R Easton</i> (Degree or title)		22b. ADDRESS <i>Weaubleau Mo</i>	22c. DATE SIGNED <i>April 24 59</i>
23a. BURIAL, CREMATION, REMOVAL. (Specify) <i>Burial</i>	23b. DATE <i>4-26-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Dunwell Chapel Cemetery Weaubleau Mo.</i>	23d. LOCATION (City, town, or country) (State)
24. FUNERAL DIRECTOR <i>Robert H. Hawley - Weaubleau, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>APRIL 30-1959</i>	26. REGISTRAR'S SIGNATURE <i>May Johnson</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Chas. Gilbert Wetlaw*.....

Licensed Embalmer No. *4267*.....

P. O. Address *Wetlaw, 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.