

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018808  
STATE FILE NUMBER

FILED MAY 18 1959

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 127

300  
-57

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St Charles</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Hawkpont</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Joseph Hospital</b>		Length of stay in 1b <b>3 wks.</b>	d. STREET ADDRESS (If outside, give location) <b>0578 0</b>
3. NAME OF DECEASED (Type or print) First <b>Thomas</b> Middle <b>Leslie</b> Last <b>Brown</b>			4. DATE OF DEATH Month <b>May</b> Day <b>9</b> Year <b>1959</b>
5. SEX <b>Male</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>Sept. 11, 1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Merchandising</b>	9. AGE (In years last birthday) <b>68</b>
11. BIRTHPLACE (City and state or country) <b>Troy MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Wm. Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Hartley</b>	14. NAME OF HUSBAND OR WIFE <b>Rose Brown</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>487-20-6191</b>	17. INFORMANT Address <b>Rose Brown Hawkpoint MO.</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>Myocardial infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 WKS.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary atherosclerosis</b>			
DUE TO (c) <b>Generalized arteriosclerosis</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>			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 _____ a.m. _____ 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	
21. I attended the deceased from <b>April 17, 1955</b> to <b>May 9, 1959</b> and last saw him alive on <b>May 9, 1959</b> Death occurred at <b>3:00 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Stephen J. Canty M.D.</b>		22b. ADDRESS <b>St. Charles Mo</b>	22c. DATE SIGNED <b>May 10, 1959</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 12, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hawkpont Ms. Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Hawkpont MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>D.W. McBoey Troy Mo</b>		25. DATE RECD. BY LOCAL REG. <b>MAY 13-59</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Wilson</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 13 1959

MAY 22 1959

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 *D. W. McCoy* .....  
Licensed Embalmer No. *3584* .....  
P. O. Address *Troy 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.