

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022419

STATE FILE NUMBER

FILED JUL 8 1959 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bowling Green Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE Co Hoast		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Randal Middle Gene Last BRIAN			4. DATE OF DEATH Month JUNE Day 24 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 24 1909	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 3 Days 3 Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Louisiana MO M. S. A.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME JERRY BRIAN			14. MOTHER'S MAIDEN NAME ALICE WHITEHEAD		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. of year or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs J. R. Burns Address Middleton Mo		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 day with
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Atelectasis - rt. lung DUE TO (c)	
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 type="checkbox"/> 0

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.) 7620	
20c. TIME OF INJURY Hour 6:40 a. m. 12 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 6/24/59 to 6/24/59 and last saw ^{her} him alive on 6/26/59 Death occurred at 6:40 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE John A. Matthews MD (Degree or title)	22b. ADDRESS Louisiana	22c. DATE SIGNED 6/27/59

23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)	23b. DATE Buried June 27 1959	23c. NAME OF CEMETERY OR CREMATORY Bowling Green	23d. LOCATION (City, town, or county) (State) Bowling Green MO
24. FUNERAL DIRECTOR'S ADDRESS Peace Bankhead Bowling Green Mo		25. DATE RECD. BY LOCAL REG. 7-3-59	26. REGISTER'S SIGNATURE Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service, 300-56, Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms which are listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Harold Kirks*.....

Licensed Embalmer No. *45*.....

P. O. Address *Bowling*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.