

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 23 1959

59-024024

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 145

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Audrain	a. STATE Missouri	b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico	Length of stay in 1b years	c. CITY OR TOWN Mexico	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Audrain Hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 321 W. Promenade	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First John	Middle Henry	Last Brown	4. DATE OF DEATH	Month July	Day 19	Year 1959
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-7-93	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and state or country) Audrain County, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Ben D. Brown	13b. MOTHER'S MAIDEN NAME Eliza Read	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I	16. SOCIAL SECURITY NO. 511-24-0969	17. INFORMANT Miss Lucy Brown	Address Kings Dau. Home Mexico, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary infection 12 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	5 days	
DUE TO (b)	Aspiration pneumonia	14 days
DUE TO (c)	Delirium Tremens	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic alcoholism	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from Never **to** _____ **and last saw her** _____ **alive on** _____ **Death occurred at** 5 P **m on the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE <i>William J. Jaeger</i>	(Degree or title) Coroner	22b. ADDRESS <i>1221 Clark Mexico Mo 1</i>	22c. DATE SIGNED <i>7-20-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-21-1959	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	23d. LOCATION (City, town, or county) Mexico, Missouri	(State)
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24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. July 20 1959	26. REGISTRAR'S SIGNATURE <i>Blanche Neely</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 23 1950

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2002

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Rep Miller

Licensed Embalmer No. 449

P. O. Address Mexico

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

Handwritten notes at bottom of page, including "2002" and other illegible markings.