

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029688

FILED VS SEP 9 1959

Registration District No. _____ Primary Registration District No. 5675 Registrar's No. 30.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hurricane TWN</u>		Length of stay in 1b		c. CITY OR TOWN <u>Elsberry</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Route # 2</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Columbus</u> Last <u>Brown</u>				4. DATE OF DEATH Month <u>August</u> Day <u>19,</u> Year <u>1959</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8-14-1871</u>		9. AGE (last birthday) <u>88</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>			11. BIRTHPLACE (City and state or country) <u>Pike County, Missouri</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>William Brown</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Shuck</u>				14. NAME OF HUSBAND OR WIFE <u>Deceased</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Mrs. John Cobb Elsberry, Missouri</u>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CHRONIC MYOCARDITIS</u>										INTERVAL BETWEEN ONSET AND DEATH <u>6 MO</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>FRDCT. LT. HIP</u>								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					
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.) <u>FELL IN DARK ROOM AT NIGHT ON FLOOR</u>									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <u>FEB 1959</u>		Month, Day, Year		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.) <u>HOME</u>		20f. CITY, TOWN, OR LOCATION <u>LINCOLN, MO.</u>		COUNTY		STATE	
21. I attended the deceased from <u>FEB 1959</u> , to <u>AUG 19'59</u> and last saw him alive on <u>AUG 19, 1959</u> Death occurred at <u>11:42 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>[Signature]</u> (Degree or title)						22b. ADDRESS <u>Elsberry, Mo</u>			22c. DATE SIGNED <u>8/21/59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8,21,1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Elsberry City Cemetery</u>				23d. LOCATION (City, town, or county) <u>Elsberry Lincoln Missou</u>		(State) <u>ri</u>			
24. FUNERAL DIRECTOR <u>Clifton Miller Elsberry, Mo.</u>						ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8/21/1959</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientzy</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Clifton Miller

Licensed Embalmer No. 336

P. O. Address Elabany, W

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.