

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031753

FILED VS OCT 14 1959

Registration District No. 28 Primary Registration District No. 5267 Registrar's No. 24

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. Institution: Residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Highlandville		Length of stay in 1b 60 years	c. CITY OR TOWN Highlandville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) no street address Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First OBERT Middle EDWARD Last BROWN			4. DATE OF DEATH Month September Day 21 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 17, 1883	9. AGE (last birthday) 75	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Fisco RR Employee		10b. KIND OF BUSINESS OR INDUSTRY Highlandville, Mo.	11. BIRTHPLACE (City and state or country) U. S. A.		12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME S. J. Brown		13b. MOTHER'S MAIDEN NAME Lucinda Handy		14. NAME OF HUSBAND OR WIFE Maude Ellen Russell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 500-09-7406	17. INFORMANT Address Mrs. Viola Carter, Highlandville, Mo.		

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) Cancer of Liver		30 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) (surgery 23 Oct 1956 - gastric resection for benign ulcer (gastric) & cancer found incidentally)	(3 yrs)
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 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. _____	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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 15 Oct 1959 to 21 Sept 1959 and last saw him alive on 20 Sept 1959 Death occurred at 9:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Cyark, Mo	22c. DATE SIGNED 22 Sept 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/24/1959	23c. NAME OF CEMETERY OR CREMATORY Highlandville Cemetery	23d. LOCATION (City, town, or county) (State) Highlandville, Missouri
24. FUNERAL DIRECTOR J. Alan Harris, ADDRESS Clever, Mo.	25. DATE RECD. BY LOCAL REG. Oct 1-1959	26. REGISTRAR'S SIGNATURE [Signature]	

(Licensed Embalmer's Statement on Reverse Side)

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 J. Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, Mo.

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.