RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 23 1959

59–031911
STATE FILE NUMBER

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY FRANKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SULLIVAN — Length of stay in 1b: 25 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 408 TAYLOR — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY FRANKLIN
c. CITY OR TOWN SULLIVAN — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS 408 TAYLOR (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RALPH Middle AUSTIN Last BROWN
4. DATE OF DEATH: Month SEPT. Day 18 Year 1959
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: DEC. 16, 1894
9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months 9 Days 2
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SHOE CUTTER
10b. KIND OF BUSINESS OR INDUSTRY: SHOE
11. BIRTHPLACE (City and state or country): DIVIDE, ILL.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: GEORGE E. BROWN
13b. MOTHER'S MAIDEN NAME: MARGARET GREER
14. NAME OF HUSBAND OR WIFE: MAY I. GAUGH
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 493-01-1233H
17. INFORMANT: MAY I. BROWN Address: SULLIVAN, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) (ADENO-)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARCINOMA OF RECTUM & METASTIS — INTERVAL BETWEEN ONSET AND DEATH: 2 YRS
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Nov 1957, to SEP 18-59 and last saw ~~him~~ alive on SEPT. 14-1959
Death occurred at 7:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert McBrayer (Degree or title) MD
22b. ADDRESS Sullivan, Mo.
22c. DATE SIGNED Sept 20-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: SEPT. 20, 1959
23c. NAME OF CEMETERY OR CREMATORY: CAVE SPRING CEM.
23d. LOCATION (City, town, or county) (State): SULLIVAN R.R.I. MO.
24. FUNERAL DIRECTOR: H.M. EATON ADDRESS: SULLIVAN, MO
25. DATE RECD. BY LOCAL REG.: Sept. 20-59
26. REGISTRAR'S SIGNATURE: Thomas A. Hemphill

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harrison W. Eaton

Licensed Embalmer No. 5066

P. O. Address Sullivan, Ind.

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