

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032833

FILED VS SEP 24 1959

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 140

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (where deceased lived, if institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFF</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Festus</u> Length of stay in 1b		c. CITY OR TOWN <u>DE SOTO, MO</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JEFF MEM HOSP</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1207 N. 2nd</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>KAREN</u> Middle <u>X</u> Last <u>BROWN</u>			4. DATE OF DEATH Month <u>SEPT</u> Day <u>13</u> Year <u>1959</u>		
--	--	--	---	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/13/59</u>	9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. <u>30</u>
----------------------	-------------------------------	--	---------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>DE SOTO, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	---	---	---

13a. FATHER'S NAME <u>JAMES BROWN</u>	13b. MOTHER'S MAIDEN NAME <u>VAUNDA LIVENGOOD</u>	14. NAME OF HUSBAND OR WIFE <u>None</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 <u>JAMES BROWN</u> Address <u>DE SOTO, MO</u>
--	-------------------------------------	---

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) <u>Prenatality - 6 1/2 mo gestation</u>		<u>30 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>due to premature separation of placenta</u>	
DUE TO (c) <u>placenta</u>		
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 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 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 <u>Sept 13, 1959</u> to <u>Sept 13, 1959</u> and last saw her/him alive on <u>Sept 13, 59</u> Death occurred at <u>3:30 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <u>Marvin R. Ministry M.D.</u>	22b. ADDRESS <u>De Soto, MO</u>	22c. DATE SIGNED <u>Sept 14, 59</u>
---	---------------------------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/14/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BROWN</u>	23d. LOCATION (City, town, or county) (State) <u>RICHWOODS MO</u>
---	--------------------------	---	---

24. FUNERAL DIRECTOR <u>MAHN Funeral Home</u> ADDRESS <u>De Soto MO</u>	25. DATE RECD. BY LOCAL REC. <u>9-16-59</u>	26. REGISTRAR'S SIGNATURE <u>Paul G. Rife</u>
---	---	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 10 1959

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 _____

Licensed Embalmer No. _____

P. O. Address _____

NOT EMBALMED

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.