

FEDERAL BUREAU OF INVESTIGATION FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034937

FILED VS OCT 2 1959

STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 74

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HOUSTON</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>TEXAS</u> c. CITY OR TOWN <u>HOUSTON</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS _____ (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>ELLA MAY BROWN</u>			4. DATE OF DEATH Month Day Year <u>SEPT 14 1959</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHT</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/21/1876</u>	9. AGE (last birthday) <u>73</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>4 23</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <u>LICKING MO</u>			
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>ROBERT FREELAND</u>		13b. MOTHER'S MAIDEN NAME _____			
14. NAME OF HUSBAND OR WIFE <u>THOMAS J. BROWN</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>T.J. BROWN - HOUSTON MO</u>		18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute + Extensive Coronary Thrombosis Severe</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive arteriosclerotic Heart Disease grade IV</u> 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>Hypertension Severe & Previous Stroke</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____			
20g. STATE _____		21. I attended the deceased from <u>Apr. 15, 1959</u> to <u>Sept. 14, 1959</u> and last saw her alive on <u>Sept. 14, 1959</u> Death occurred at <u>7:00 A</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>Houston, Mo</u>		22c. DATE SIGNED <u>9/17/59</u>			
23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>9/17/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PINE LAWN</u>				
23d. LOCATION (City, town, or county) <u>HOUSTON</u>		23e. STATE <u>MO</u>					
24. FUNERAL DIRECTOR <u>L.F. Evans</u>		ADDRESS <u>Houston, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 28-59</u>			
26. REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>							

(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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Neville C. Craig*

Licensed Embalmer No. *4766*

P. O. Address *17th Ave*

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