

JURISDICTION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. OCT 7 1959 356

Registration District No. 4521 Registrar's No. 78

59-034939

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY TEXAS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY TEXAS									
b. CITY (If outside corporate limits, give TOWNSHIP only) HOUSTON		Length of stay in 1b 3 wks		c. CITY OR TOWN CABOOL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TEXAS CO. MEM. HOS.			Inside Limits Yes <input checked="" 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 GROVER Middle FRANK Last BROWN				4. DATE OF DEATH Month 9 Day 27 Year 1959									
5. SEX M		6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-1-1888		9. AGE (last birthday) 71		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) OIL AGENT				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ANNA, ILL.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME JAMES BROWN				13b. MOTHER'S MAIDEN NAME LAVENA MANESS				14. NAME OF HUSBAND OR WIFE MRS. LEE KIRKMAN, CABOOL					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI				16. SOCIAL SECURITY NO.		17. INFORMANT MRS. LEE KIRKMAN, CABOOL							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Lung - Metastatic										INTERVAL BETWEEN ONSET AND DEATH 29 mos.			
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. <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 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 April 1957 to Sept 26 1959 and last saw him alive on Sept 26 1959 Death occurred at 8:06 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Harriet Stagg</i>						22b. ADDRESS Cabool Mo			22c. DATE SIGNED 9/29/59				
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 9-27-59		23c. NAME OF CEMETERY OR CREMATORY CABOOL CEM. CABOOL, MO.				23d. LOCATION (City, town, or county) (State) MO.					
24. FUNERAL DIRECTOR ELLIOTT-GENTRY, CABOOL					25. DATE RECD. BY LOCAL REG. Sept. 30-59		26. REGISTRAR'S SIGNATURE <i>Myrtie Craig</i>						

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS OCT 14 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James L. Bentley

Licensed Embalmer No. 4718

P. O. Address Calool, W

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.