

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

**59-039441**

FILED VS DEC 15 1959

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 5303 Registrar's No. 340

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP OR TOWN) <u>JEFFERSON CITY, MO.</u>		c. CITY OR TOWN <u>JEFFERSON CITY, MO.</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R R # 3</u>		d. STREET ADDRESS (If outside, give location) <u>R R # 3</u>	

3. NAME OF DECEASED (Type or print) First <u>AGNESS</u> Middle <u>ALMETA</u> Last <u>BROWN</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>7</u> Year <u>1959</u>			
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/20/86</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>15</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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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 <u>Miller County, Mo.</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>James Burns</u>	13b. MOTHER'S MAIDEN NAME <u>Parlena Wyrick</u>	14. NAME OF HUSBAND OR WIFE <u>Harley Elmer Brown</u>
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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 Address <u>Mrs. Logan Wells J C Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma of Primary unknown</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u></u>	
	DUE TO (c) <u>Malnutrition</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Malnutrition</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
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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.)
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20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>
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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.) <u>Jefferson City</u>	20f. CITY, TOWN, OR LOCATION <u>Cole</u> COUNTY <u>Mo.</u> STATE <u>Mo.</u>
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21. I attended the deceased from July 1959 to Dec 4, 1959 and last saw her <sup>her</sup> <sub>alive</sub> on Nov. 18 - 1959  
Death occurred at 10:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>William A Cox MD</u>	22b. ADDRESS <u>Jefferson City, Mo.</u>	22c. DATE SIGNED <u>Dec. 5 1959</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>12/6/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Vernon</u>	23d. LOCATION (City, town, or county) <u>Atchison, Kan</u>	23e. STATE (State) <u></u>
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24. FUNERAL DIRECTOR ADDRESS <u>Sylvester Diller</u>	25. DATE RECD. BY LOCAL REG. <u>J C Mo. 5 Dec. 1959</u>	26. REGISTRAR'S SIGNATURE <u>R. Morris, MD - M. Richter</u>
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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 \_\_\_\_\_  
*Sylvester Aull*

Licensed Embalmer No. 4371

P. O. Address \_\_\_\_\_  
*Jiffen*

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.