

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

59-039515

STATE FILE NUMBER

FILED VS. DEC. 14 1959 / 101

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 63

RECEIVED

1. PLACE OF DEATH a. COUNTY Douglas b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ava 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 Missouri b. COUNTY Douglas c. CITY OR TOWN Ava Inside Limits Yes <input type="checkbox"/> No <input checked="" 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) Amanda Melvina Brown First Middle Last			4. DATE OF DEATH December 7, 1959 Month Day Year						
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-9-77	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Ozark County, Mo.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME John Morris			13b. MOTHER'S MAIDEN NAME Karline Honeycutt			14. NAME OF HUSBAND OR WIFE James L. Brown			
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. None		17. INFORMANT Address Mrs. Rosa Davis, Ava, Mo. R. 1.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Embolism DUE TO (b) Chronic Myocarditis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH Inst. 15 yrs.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Cardiac- Penal Syndrome						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>5-20th</u> 1950 to <u>12-7</u> 1959 and last saw her/him alive on <u>12-7</u> 1959 Death occurred at <u>1:30 P. M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>M. C. Gentry</i> (Degree or title) m. d.				22b. ADDRESS Ava		22c. DATE SIGNED 12-8-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-9-59	23c. NAME OF CEMETERY OR CREMATORY Ava Cemetery		23d. LOCATION (City, town, or county) (State) Ava, Missouri				
24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home Ava, Mo.				25. DATE RECD. BY LOCAL REG. 12-10-59		26. REGISTRAR'S SIGNATURE <i>Wesley Bushman</i>			

(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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Avon, Mo

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.