

VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

237

59-043114

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. _____

ENDED
 DECEMBER 3, 1959
 BY AFFIDAVIT OF Registrar

1. PLACE OF DEATH a. COUNTY <u>Vernon</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u> Length of stay in 1b <u>37 Years</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nevada Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> c. CITY OR TOWN <u>Nevada</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>607 S. Cedar</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Opal</u> Middle _____ Last <u>Brown</u>			4. DATE OF DEATH Month <u>November</u> Day <u>18</u> Year <u>1959</u>				
5. SEX <u>Fm</u>	6. COLOR OR RACE <u>Wh</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>7-16-1900</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		
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>Own home</u>		11. BIRTHPLACE (City and state or country) <u>Butler, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Samuel Starr</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Lee</u>			
14. NAME OF HUSBAND OR WIFE <u>I. N. 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>499-10-5597</u>			
17. INFORMANT <u>I. N. Brown</u>		17. ADDRESS <u>607 S. Cedar, Nevada, Mo.</u>		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>Acute Cardiac Arrest</u> DUE TO (b) <u>Heart block, cause undetermined.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute Gall Bladder disease.</u>				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 <u>November 14, 1959</u> to <u>Nov. 18, 1959</u> and last saw her <u>alive</u> on <u>Nov. 18, 1959</u> Death occurred at <u>Nevada, Missouri</u> <u>11:48 Am</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>R. B. Wray, M.D.</u>				22b. ADDRESS <u>Moore Building, Nevada, Mo.</u>			
22c. DATE SIGNED <u>11-23-'59</u>				(State) _____			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Double Branch Cemetery</u>			
23d. LOCATION (City, town, or county) <u>Bates County</u>		23d. LOCATION (City, town, or county) <u>Missouri</u>		(State) _____			
24. FUNERAL DIRECTOR ADDRESS <u>Ferry Funeral Home Nevada, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>Dec 3-1959</u>				
26. REGISTRAR'S SIGNATURE <u>Anna E. Jerry</u>			(State) _____				

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 James Douglas Griswold Student Embalmer No. 595
working under my personal supervision.

Student Douglas Griswold
Signature of Student Embalmer

Signed L. Douglas Perry

Licensed Embalmer No. 4740

P. O. Address Memphis

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.