

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 5 8 5

FILED VS DEC 28 1959

STATE FILE NUMBER

Registration District No. 165 Primary Registration District No. 4257 Registrar's No. 8

INDEXED

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|---|--|---|--|---|--|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Johnson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Leeton</u> | | Length of stay in 1b <u>25 years</u> | | c. CITY OR TOWN <u>Leeton</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At Home</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>None</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>LEE</u> Last <u>BROWN</u> | | | | 4. DATE OF DEATH Month <u>December</u> Day <u>22</u> Year <u>1959</u> | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</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>7-11-1927</u> | | 9. AGE (last birthday) <u>32</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Whiteman AFB</u> | | 11. BIRTHPLACE (City and state or country) <u>Jackson County, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>James Brown</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Ruby Bennett</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Betty Jean Brown</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u> | | | 16. SOCIAL SECURITY NO. <u>487-34-5804</u> | | 17. INFORMANT Address <u>Mrs. Betty Jean Brown, Leeton, Missouri</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>Coronary Occlusion</u> | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> | |
| 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) <u>Sinister coronary occlusion 3 yrs ago.</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>1956</u> to <u>December 22, 1959</u> and last saw ^{him} him alive on <u>December 22, 1959</u> Death occurred at <u>6:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>R. Lee Cooper MD</u> | | | | 22b. ADDRESS <u>Warrensburg, Missouri</u> | | | | 22c. DATE SIGNED <u>12-22-59</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Dec 24th, 1959</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Leeton Missouri</u> | | | |
| 24. FUNERAL DIRECTOR <u>The Brauningers, Warrensburg, Missouri</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>12/23/59</u> | | 26. REGISTRAR'S SIGNATURE <u>J. Cook</u> | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

DEC 29

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 Jimmy S. Hubbs

Licensed Embalmer No. 4092

P. O. Address Wrensley, Va

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.