

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 6 2 6

FILED VS JAN - 6 1960

174

Primary Registration District No. 3644

Registrar's No. 114

STATE FILE NUMBER

114

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Lafayette		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clay Twns.		a. STATE Missouri b. COUNTY Lafayette		c. CITY OR TOWN Odessa	
Length of stay in lb 3 1/2 mos. 3/12		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Goodloe Nurseing Home		d. STREET ADDRESS Westside		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Hattie Brown		4. DATE OF DEATH Decemeber 30, 1959		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 Aug. 28, 1869		9. AGE (last birthday) 90		IF UNDER 1 YEAR IF UNDER 24 HR	
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) Missouri		12. CITIZEN OF WHAT COUNTRY Usa	
13a. FATHER'S NAME Lewis Rose		13b. MOTHER'S MAIDEN NAME Sarah E. Watson		14. NAME OF HUSBAND OR WIFE Chas. Brown (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Wm. Spicker, 16 1/2 N. Henning, K.C. Kan.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Acute Myocardial Degeneration & Deletion						12 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage						48 hrs	
DUE TO (c) Chron Arterio Sclerosis						Indefinite	
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 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 7:15 p.m. 7-17-1959 to December 30, 59 and last saw her alive on December 28, 1959. Death occurred at 7:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John Q. Beltram (Degree or title)				22b. ADDRESS 1110 1/2 Main St. Springfield		22c. DATE SIGNED 12/31/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 2, 1960		23c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery		23d. LOCATION (City, town, or county) Odessa, Mo.	
24. FUNERAL DIRECTOR Address Heuman-Sparks, Odessa Mo		25. DATE RECD. BY LOCAL REG. 12-31-59		26. REGISTRAR'S SIGNATURE			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 26 1980

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 William T. Sparrow

Licensed Embalmer No. 4431

P. O. Address Odessa

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.