

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-003191**

**FILED VS FEB 10 1960**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar **2** **662** STATE FILE NUMBER \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>Tennessee</b> b. COUNTY <b>Shelby</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in lb <b>4 weeks</b>		c. CITY OR TOWN <b>Memphis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fairco Employee Hospital</b>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3166 Ford Rd</b>	
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>Brown</b> Last <b>Brown</b>				4. DATE OF DEATH Month <b>JAN.</b> Day <b>18</b> Year <b>1960</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>N</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/23/1889</b>	9. AGE (last birthday) <b>70</b>	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) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (City and state or country) <b>Weir, Mississippi</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Mariah D</b>			14. NAME OF HUSBAND OR WIFE <b>Amy Brown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT <b>Amy Brown 551 Alston Ave. Memphis, Tenn</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>plasma cell leukemia</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1-2 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c) <b>204.0</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic pyelonephritis; A.S.H.P.</b>					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 checked="" 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 <b>Dec 19, 59</b> to <b>1-18-60</b> and last saw him alive on <b>Jan 18, 1960</b> Death occurred at <b>3:35 p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Hugh P. Crowell, M.D.</b>				22b. ADDRESS <b>4860 Leake</b>			22c. DATE SIGNED <b>1/18/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Shippint</b>	23b. DATE <b>1/20/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Southern Funeral Home</b>		23d. LOCATION (City, town, or county) (State) <b>Memphis, Tennessee</b>			
24. FUNERAL DIRECTOR <b>E. R. Koonce 1221 North Grand</b>				25. DATE RECD. BY LOCAL REG. <b>JAN 19 1960</b>		26. REGISTRAR'S SIGNATURE <b>W. S. Smith, M.D.</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*m.g.B.*

AS FEB 10 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Melvin Blomquist

Licensed Embalmer No. 3962

P. O. Address 1521 N. 54

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If the body was not embalmed, fact should be so stated above.



AS FEB 10 1980