URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 24 1960

-60-006808

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 87

ENDED

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin — Length of stay in 1b 35 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. John's Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 323 Kentucky Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LEVI Middle HAYNES Last BROWN

4. DATE OF DEATH Month February Day 15, Year 1960

5. SEX M
6. COLOR OR RACE Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-16-1905
9. AGE (last birthday) 54 — 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) Musician
10b. KIND OF BUSINESS OR INDUSTRY Orchestra
11. BIRTHPLACE (City and state or country) Natchez, Mississippi
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Levi Brown
13b. MOTHER'S MAIDEN NAME Ruth Reedy
14. NAME OF HUSBAND OR WIFE Alberta 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. Unk
17. INFORMANT Address Mrs. Alberta Brown, 323 Kentucky, Joplin, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Left Frontal Fracture of Skull — INTERVAL BETWEEN ONSET AND DEATH Instant
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Carpe was driving sidded on slick pavement in to the path of truck
20c. TIME OF INJURY Hour a.m. 8:30 Month, Day, Year 2-15-1960
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway # 71
20f. CITY, TOWN, OR LOCATION Newton County COUNTY Missouri STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carley Thompson Coroner
22b. ADDRESS Neosho Mo.
22c. DATE SIGNED 2/15/1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-17-60
23c. NAME OF CEMETERY OR CREMATORY PARKWAY CEMETERY,
23d. LOCATION (City, town, or county) JOPLIN, MISSOURI (State)

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI
25. DATE RECD. BY LOCAL REG. 2-17-1960
26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed F. M. Jones

Signature of Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.