

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007231

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Registration District No. Primary Registration District No. Registrar's No. 44

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ten Mile Twp.		Length of stay in 1b		c. CITY OR TOWN Ten Mile Twp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R. 2 Macon			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R. 2 Macon		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First NOBLE Middle RAYMOND Last BROWN				4. DATE OF DEATH Month Feb. Day 6 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/17/1899	9. AGE (last birthday) 60		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) Barber			10b. KIND OF BUSINESS OR INDUSTRY Barber Shop		11. BIRTHPLACE (City and state or country) Macon Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James P. Brown			13b. MOTHER'S MAIDEN NAME Louisa Rogers			14. NAME OF HUSBAND OR WIFE Alice Ingram Brown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 489-40-3474		17. INFORMANT Address Mrs. Alice Brown Macon, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction							INTERVAL BETWEEN ONSET AND DEATH Two hrs	
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) Central Nervous System - Myeloma suspect - Ca Pancreas Ca Prostate - Chronic Pancreatitis						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	SUICIDE	HOMICIDE	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 Jan 1959 to Feb 6, 1960 and last saw ^{her} him alive on Feb 5, 1960 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE James D. Neely MD (Degree or title)				22b. ADDRESS Macon Mo			22c. DATE SIGNED 2/7/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/8/1960	23c. NAME OF CEMETERY OR CREMATORY Bethlehem		23d. LOCATION (City, town, or county) Macon Mo.		(State)		
24. FUNERAL DIRECTOR R. Lester Brown ADDRESS Macon, Mo.			25. DATE RECD. BY LOCAL REG. 3/2/60		26. REGISTRAR'S SIGNATURE Ruth Neely			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 APR 8

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 R. Lester Bram

Licensed Embalmer No. 4472

P. O. Address Mason W/O

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.