URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 29 1960

60-010400

STATE FILE NUMBER

NDED

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 49

DOCUMENT

1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN rural -Salem Twp. | Length of stay in 1b: life
c. FULL NAME OF HOSPITAL OR INSTITUTION rural Salem Twp. | Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Daviess
c. CITY OR TOWN rural Salem Twp. | Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) none | Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Howard Middle: Franklin Last: Brown
4. DATE OF DEATH Month Day Year: 3-19-60
5. SEX: M
6. COLOR OR RACE: White
7. Married ☒ Widowed ☐ Never Married ☐ Divorced ☐
8. DATE OF BIRTH: 3-16-1902
9. AGE (last birthday): 58 | IF UNDER 1 YEAR: Months 0, Days 3 | IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (City and state or country): Harrison Co., Mo/
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Mose Brown
13b. MOTHER'S MAIDEN NAME: Mary Jane DeWitt
14. NAME OF HUSBAND OR WIFE: Vesta
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Vesta Brown Address: Coffey Mo

BY AFFIDAVIT OF

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) self inflicted gun shot wound in left chest | INTERVAL BETWEEN ONSET AND DEATH: Immediate
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): Despondency over poor health

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.) Shot in left chest with a 410 shot gun
20c. TIME OF INJURY Hour a.m. p.m. 12:30 Month, Day, Year Mar 19, 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.) home
20f. CITY, TOWN, OR LOCATION: Salem Twp. COUNTY: Daviess STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on No

Death occurred at 12:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: P B Baumgardner (Degree or title) Daviess Co Coroner
22b. ADDRESS: Pattonsburg, Mo
22c. DATE SIGNED: 3/21/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3/21/60
23c. NAME OF CEMETERY OR CREMATORY: Coffey
23d. LOCATION (City, town, or county) (State): Coffey Mo

24. FUNERAL DIRECTOR: M B Haas ADDRESS: Bethany Mo
25. DATE RECD. BY LOCAL REG.: 3-25-60
26. REGISTRAR'S SIGNATURE: Virgil W Langehart

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1880

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 M B Haas

Signature of Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany, N

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