

**JURISDICTION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS MAY 11 1960

**=60-016213**

STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 4352 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Morgan</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Versailles</u>		Length of stay in 1b <u>10 yrs</u>		c. CITY OR TOWN <u>Versailles</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kidwell Rest Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>8 N. N.E. Versailles</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Genevra</u> Middle <u>Ann</u> Last <u>Brown</u>				4. DATE OF DEATH Month <u>May</u> Day <u>7</u> Year <u>1960</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col.</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10-28-77</u>		9. AGE (last birthday) <u>83</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Edgar Co., Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S. Ci.</u>			
13a. FATHER'S NAME <u>Charley Scott</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Brown</u>			14. NAME OF HUSBAND OR WIFE <u>James Brown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Lee Brown Columbia, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio Sclerotic heart disease</u> DUE TO (b) <u>Senility</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Abdominal tumor</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ 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 <u>1940</u> to <u>May 7, 1960</u> and last saw her <u>alive</u> on <u>May 6, 1960</u> Death occurred at <u>5:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>J.L. Washburn M.D.</u>				22b. ADDRESS <u>Versailles, Mo</u>				22c. DATE SIGNED <u>5/8/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10 May 60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Howard Chapel Cemetery</u>		23d. LOCATION (City, town, or county) <u>Urbana, Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Kidwell Funeral Home Versailles, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>5-9-60</u>		26. REGISTRAR'S SIGNATURE <u>J.L. Washburn</u>			

DOCUMENT

MEDICAL CERTIFICATION

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

Signed

*Raymond C. Haskins*

Licensed Embalmer No. 4626

P. O. Address Versailles

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 this body is not embalmed, fact should be so stated above.