

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018402

FILED VS JUN 6 1960

042

Registration District No. 1000

Registrar's No. 612

STATE FILE NUMBER

| | | | | | | | | | | | |
|---|--|---|---|---|--|--|---|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | Length of stay in 1b 60 yrs. | | c. CITY OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Osteopathic Hosp. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 4016 Pickett Road | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| 3. NAME OF DECEASED (Type or print) First Myrtle Middle May Last Brown | | | | 4. DATE OF DEATH Month May Day 28 Year 1960 | | | | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH Aug. 26, 1981 | 9. AGE (last birthday) 78 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | | 11. BIRTHPLACE (City and state or country) Clarksdale, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | | |
| 13a. FATHER'S NAME John Marker | | | 13b. MOTHER'S MAIDEN NAME Caroline Welty | | | 14. NAME OF HUSBAND OR WIFE Herbert Brown | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Address James Herbert Brown, St. Joseph, 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) Nephritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fractured Left Tachium 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 week 14 days | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fall in yard at her home | | | | | | | |
| 20c. TIME OF INJURY Hour 1:00 Month, Day, Year May 14 1960 | 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.) Yard at home | | 20f. CITY, TOWN, OR LOCATION 4016 Pickett Rd St Joseph Buchanan Missouri | | COUNTY STATE | | | | |
| 21. I attended the deceased from May 14 to May 28 and last saw her alive on May 28-1960 Death occurred at 1:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | 22a. SIGNATURE (Degree or title) Neena M. Steidley DO | | | | 22b. ADDRESS 706 Francis - St Joseph Mo | | 22c. DATE SIGNED June 1-1960 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE May 30, 1960 | 23c. NAME OF CEMETERY OR CREMATORY Blakely Cemetery | | 23d. LOCATION (City, town, or county) (State) San Antonio, Missouri | | | | | | |
| 24. FUNERAL DIRECTOR ADDRESS Neena M. Steidley DO St. Joseph, Mo. | | | | 25. DATE RECD. BY LOCAL REG. June 3, 1960 | | 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell | | | | | |

DOCUMENT

BY AFFIDAVIT OF M.M. Steidley M.D. 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 *St. J. [Signature]*

Licensed Embalmer No. 4679

P. O. Address St. Josep

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.