

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-018700

FILED VS MAY 27 1960

Registration District No. 68 Primary Registration District No. 5267 Registrar's No. 19

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <i>Christian</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Christian</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>S. Galloway Township</i>	Length of stay in 1b <i>78 years</i>	c. CITY OR TOWN <i>Spokane, RFD</i>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>3 1/2 Miles West</i>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Arthur</i> Middle <i>Alfred</i> Last <i>Brown</i>			4. DATE OF DEATH Month <i>May</i> Day <i>1</i> Year <i>1960</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>April 2, 1882</i>	9. AGE (last birthday) <i>78</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>---</i>	11. BIRTHPLACE (City and state or country) <i>Spokane, Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>
13a. FATHER'S NAME <i>Paul Brown</i>		13b. MOTHER'S MAIDEN NAME <i>Nannie McGinnis</i>		14. NAME OF HUSBAND OR WIFE <i>Frances Davis</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>430 40 8394</i>	17. INFORMANT Address <i>Mrs. Frances Brown, Spokane, Missouri</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>1. Pneumonia</i> <i>2. Chronic Leukemia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>2. Chronic Leukemia</i> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <i>2 mo</i> <i>several years</i>
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 type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 *Feb 58*, to *March 60* and last saw him alive on *3-19-60*  
Death occurred at *5:15 p.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Print or title) <i>Elmer M Purcell MD</i>		22b. ADDRESS <i>609 Cherry St, Springfield</i>		22c. DATE SIGNED <i>5-6-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>5/5/1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Martin Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Spokane, Missouri</i>	
24. FUNERAL DIRECTOR ADDRESS <i>J. Dean Harris, Clever, Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>5-25-1960</i>	26. REGISTRAR'S SIGNATURE <i>Loretta Leonard</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Alan Harris*

Licensed Embalmer No. 4390

P. O. Address Cleveland, Mo.

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.