

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 LED VS MAY 25 1960

=60-018859

STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. 4161 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jameson</b>		Length of stay in 1b <b>Most of Life</b>		c. CITY OR TOWN <b>Jameson</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>---</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>---</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Fred</b> Middle <b>Adam</b> Last <b>Brown</b>				4. DATE OF DEATH Month <b>May</b> Day <b>11</b> Year <b>1960</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>9-3-1886</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Construction Work</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Highway Dept.</b>		11. BIRTHPLACE (City and state or country) <b>Holt Co. Nebraska</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>William Brown</b>			13b. MOTHER'S MAIDEN NAME <b>Jane Fisher</b>			14. NAME OF HUSBAND OR WIFE <b>Lillie Brown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>500-07-9398</b>		17. INFORMANT Address <b>Mrs. Fred A. Brown, Jameson, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardio-Renal Vascular Dis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 mo</b>		
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)						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 <b>Mar. 1959</b> to <b>5-11-60</b> and last saw <sup>her</sup> him alive on <b>5-11-60</b> Death occurred at <b>2:25 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Floyd E. Nelson III</b> (Degree or title)				22b. ADDRESS <b>Gallatin, Mo.</b>			22c. DATE SIGNED <b>5-12-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-13-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Civil Bend Christian Cem.</b>		23d. LOCATION (City, town, or county) <b>Daviess Co. Mo.</b>				
24. FUNERAL DIRECTOR <b>Hope Funeral Home, Gallatin, Mo.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>18 May 1960</b>		26. REGISTRAR'S SIGNATURE <b>Hugh M. Engelhart</b>			

DOCUMENT

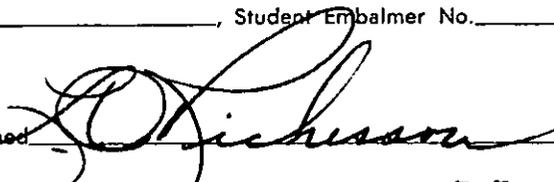
MEDICAL CERTIFICATION

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed 

Licensed Embalmer No. 3307

P. O. Address Hallatier

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.