

UNITED STATES DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 9 1960 247

=60-020220

STATE FILE NUMBER

Registration District No. 5839 Primary Registration District No. 18 Registrar's No.

| | | | | | | | | |
|--|--|--|---|---|---|--|--|-----------------|
| 1. PLACE OF DEATH a. COUNTY Newton | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Granby | | Length of stay in 1b years | | c. CITY OR TOWN Rt#2 Granby | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) Rt#2 | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last John James Brown | | | | 4. DATE OF DEATH Month Day Year June 1, 1960 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 12-4-1871 | 9. AGE (last birthday) 88 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (City and state or country) Diamond, Missouri USA | | 12. CITIZEN OF WHAT COUNTRY | |
| 13a. FATHER'S NAME James M. Brown | | | 13b. MOTHER'S MAIDEN NAME Martha Hale | | | 14. NAME OF HUSBAND OR WIFE Mrs. Ellen E. 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 Mrs. Ellen E. Brown Granby, Mo. Address | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral vascular accident, medullary area | | | | | | | 72 hours | |
| DUE TO (c) Hypertensive heart disease & Senility | | | | | | | 10 years | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostatic hypertrophy | | | | | | 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 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.) Sponataneous hemmorrhage, due to capillary fragility | | | | |
| 20c. TIME OF INJURY 3:00 Hour a.m. p.m. | | Month, Day, Year 5-30-60 | | | | | | |
| 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.) home | | 20f. CITY, TOWN, OR LOCATION R.R. Granby, | | COUNTY Newton | | STATE Mo |
| 21. I attended the deceased from May 14, 1960 to May 31, 1960 and last saw ^{her} him alive on May 31, 1960 Death occurred at 9:30 p. m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>Dolores A. Guschman, M.D.</i> | | | | 22b. ADDRESS 136 Main St., Granby, Mo | | 22c. DATE SIGNED 6-3-60 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 6-4-1960 | 23c. NAME OF CEMETERY OR CREMATORY Stone Cemetery | | 23d. LOCATION (City, town, or county) Diamond, Missouri | | | (State) |
| 24. FUNERAL DIRECTOR ADDRESS Shewmake Funeral Home Granby, Mo | | | | 25. DATE RECD. BY LOCAL REG. June 3, 1960 | | 26. REGISTRAR'S SIGNATURE <i>M. B. Young</i> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 1
1960

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

Floyd E. Shewmaker

Licensed Embalmer No. 4923

P. O. Address Box 58 Grand, 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. - - 9

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