

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033973

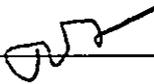
STATE FILE NUMBER

REG. NO. A-2235
 Registration District No. 3007 Registrar's No. 531

FILED VS. OCT 10 1966

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 39 YEARS	c. CITY OR TOWN POPLAR BLUFF Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1020 TREMONT STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ARTHUR Middle CICERO Last BROWN			4. DATE OF DEATH Month SEPTEMBER Day 20 , Year 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 11-30-00	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) HUGHES, ARKANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME ALONZO BROWN		13b. MOTHER'S MAIDEN NAME ELIZABETH FREEMAN		14. NAME OF HUSBAND OR WIFE GENELDA BROWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) YES WWII		16. SOCIAL SECURITY NO. 490035842		17. INFORMANT GENELDA BROWN, WIFE, 1020 TREMONT ST. Address POPLAR BLUFF 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) CARCINOMA OF LUNG.		INTERVAL BETWEEN ONSET AND DEATH 6 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) 	
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"/> N. <input type="checkbox"/> Unknown

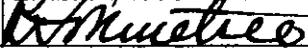
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION POPLAR BLUFF	COUNTY BUTLER STATE MISSOURI
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21. I attended the deceased from **August 17, 1960** to **Sept. 20, 1960** and last saw her **alive** on **Sept. 20, 1960**.
 Death occurred at **9:00 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE  ROBERT S. COHEN, M.D., Chief, Medical Svc. VA Hospital, Poplar Bluff, Mo.	22b. ADDRESS Poplar Bluff, Missouri	22c. DATE SIGNED 9/22/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-23-60	23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri
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24. FUNERAL DIRECTOR Greer Croy & Fitch Poplar Bluff, Mo.	ADDRESS 9/28/60	25. DATE RECD. BY LOCAL REG. 9/28/60	26. REGISTRAR'S SIGNATURE 
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 17 1964

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 Philip J. Cassealy

Licensed Embalmer No. 4678

P: O. Address Poplar Bl

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.