

# R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 26 1960

-60-034357

Registration District No. 118 Primary Registration District No. 5438 Registrar's No. 29 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> , b. COUNTY <u>GASCONADE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BRUSH CREEK Twp.</u>		Length of stay in 1b <u>6 weeks</u>		c. CITY OR TOWN <u>Owensville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FARM HOME</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RURAL ROUTE 3</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>PAMELA FAWN BROWN</u>				4. DATE OF DEATH Month Day Year <u>SEPT 14 1960</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-23-1960</u>	9. AGE (last birthday)	IF UNDER 1 YEAR Months Days Hours Min. <u>1 21</u>		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and state or country) <u>WASHINGTON Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DAVID JOE BROWN</u>			13b. MOTHER'S MAIDEN NAME <u>CARLYN O. DUBLO</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>DAVID J. BRANN Owensville Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH ONLY CAUSED BY: IMMEDIATE CAUSE (a) <u>BURNT TO DEATH IN HOME</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>FIRE</u> DUE TO (c) <u>(FIRE DESTRUCTION OF HOME)</u>  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>FIRE DESTRUCTION OF HOME</u>			
20c. TIME OF INJURY Hour a.m. p.m. <u>11-00 p.m.</u>		Month, Day, Year <u>9 14 60</u>					
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.) <u>FARM HOME</u>		20f. CITY, TOWN, OR LOCATION <u>#3 OWENSVILLE</u>		COUNTY <u>GASCONADE</u>	STATE <u>MO</u>
21. I attended the deceased from <u>11:00</u> to <u>11:00</u> and last saw her alive on <u>9/16/60</u> Death occurred at <u>11:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Nagost H. Rimmer CORONER</u>				22b. ADDRESS <u>HERMANN MO</u>		22c. DATE SIGNED <u>9/16/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>9-17-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>RENO ILLINOIS</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Gottenstroeter F. Home Owensville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>September 16, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Marvin Zappmeyer</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 27 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 Melvin H. H. W.

*NO EMBALMING*

Licensed Embalmer No. 383

P. O. Address OWEN SU

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.