IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-039060
STATE FILE NUMBER

FILED VS OCT 20 1960

Registration District No. 217 Primary Registration District No. 5787 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Charleston
Length of stay in 1b: 25 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Route 3
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Mississippi
c. CITY OR TOWN: Charleston
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 3
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Willie Middle: (William) Last: Brown
4. DATE OF DEATH: Month: October Day: 7 Year: 1960
5. SEX: Male
6. COLOR OR RACE: Col.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Apr. 7, 1916
9. AGE (last birthday): 44
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Sunflower, Miss.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Link Brown
13b. MOTHER'S MAIDEN NAME: Anna Lou Clayton
14. NAME OF HUSBAND OR WIFE: Mable 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.:
17. INFORMANT: Mrs. Mable Brown, R. 3, Box 154, Charleston, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension — ?
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Jan. 5, 1960, to Oct. 7, 1960 and last saw her/him alive on Oct. 7, 1960
Death occurred at 3:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. McDermaid M.D. (Degree or title)
22b. ADDRESS: Charleston, Mo.
22c. DATE SIGNED: 10/10/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct. 12, 1960
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): Charleston, Mo.

24. FUNERAL DIRECTOR: L. R. Sparks
ADDRESS: Charleston, Mo.
25. DATE RECD. BY LOCAL REG.: 10-14-60
26. REGISTRAR'S SIGNATURE: Dorothy B. Hathorn

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

OCT 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 Oliver H. Holmes

Licensed Embalmer No. 4190

P. O. Address Charle

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