

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040945

FILED VS DEC 7 1960

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 135

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Barry</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monett</u>		e. STATE <u>Missouri</u> p. COUNTY <u>Barry</u>		c. CITY OR TOWN <u>Monett</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>309 Cleveland</u>		Length of stay in 1b <u>1yr 11mos</u>		d. STREET ADDRESS (If outside, give location) <u>309 Cleveland</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>GRACE</u>		Middle <u>IRENE</u>		Last <u>BROWN</u>		Month <u>Nov.</u> Day <u>23</u> Year <u>1960</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-14-1867</u>	9. AGE (last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Dandamus Topping</u>			13b. MOTHER'S MAIDEN NAME <u>Indianna Watkins</u>		14. NAME OF HUSBAND OR WIFE <u>B.F. Brown</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>N one</u>		17. INFORMANT <u>B.F. Brown</u> Address <u>Monett, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Thrombosis of a cerebral vessel</u>						<u>few days</u>	
DUE TO (b) <u>Arteriosclerosis generalized</u>						<u>years</u>	
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 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 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 <u>7-26-60</u> to <u>9-18-60</u> and last saw her <u>9-18-60</u> live on <u>9-18-60</u> . Death occurred at <u>9:15 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>W. J. Glass, Jr. MD</u> (Degree or title)				22b. ADDRESS <u>315 1/2 Broadway, Monett, Missouri</u>			22c. DATE SIGNED <u>11-26-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-27-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Purdy Cemetery</u>		23d. LOCATION (City, town, or county) <u>Purdy, Missouri</u>		(State)
24. FUNERAL DIRECTOR <u>Mercer Funeral Home</u> ADDRESS <u>Monett, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-27-60</u>		26. REGISTRAR'S SIGNATURE <u>Ma P. Cook</u>	

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ray H Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, Mo.

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.