

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047232

FILED VS DEC 20 1960 316

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No. 485

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in 1b 4Y; 8M; 19das.		c. CITY OR TOWN Pascola		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Residence on Farm Unknown Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First CARTHEL Middle DEAN Last BRENTS				4. DATE OF DEATH Month December Day 9 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Nov. 8, 1936	9. AGE (last birthday) 24	IF UNDER 1 YEAR Months 1 Days 1	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never employed			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Cleveland, Arkansas		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Columbus Brents			13b. MOTHER'S MAIDEN NAME Dora Crow			14. NAME OF HUSBAND OR WIFE		
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. Unknown		17. INFORMANT Address Records, State Hospital No. 4, Farmington, 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) Empyema - - - - - Abt. 4 das. DUE TO (b) Spontaneous pneumothorax - - - - - Abt. 2 wks. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Chronic brain syndrome associated with convulsive disorder with psychotic reaction.					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 Month, Day, Year a.m. p.m. 		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 Dec. 7, 1960 to Dec. 9, 1960 and last saw KKK him alive on Dec. 9, 1960 Death occurred at 1:19 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>John Brennan M.D.</i>				22b. ADDRESS State Hospital No. 4 Farmington, Missouri		22c. DATE SIGNED 12-10-60		
23a. BURIAL / CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 11, 1960	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery		23d. LOCATION (City, town, or county) (State) Kennett, Missouri				
24. FUNERAL DIRECTOR ADDRESS Osburn Funeral Home, Wardell, Missouri			25. DATE RECD. BY LOCAL REG. Dec. 10, 1960		26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 21 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 _____
Licensed Embalmer No. 4608

P. O. Address _____

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.