MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-000279
STATE FILE NUMBER

FILED VS JAN 16 1961

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 20

RITE TUB

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph
Length of stay in 1b: 37 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo. Methodist Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 6003 Pryor Ave
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Harvey Middle: Raymond Last: Brown

4. DATE OF DEATH: Month: January Day: 6 Year: 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: Nov. 10, 1901
9. AGE (last birthday): 59
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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Cold storage warehouse
11. BIRTHPLACE (City and state or country): Bethany Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Albert Brown
13b. MOTHER'S MAIDEN NAME: Georgia Weddle
14. NAME OF HUSBAND OR WIFE: none

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: Georgia Brown Address: 6003 Pryor Ave.

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): arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): with Congestive Failure
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): Prostatic Hypertrophy

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 Dec 1955, to Jan 1961 and last saw ~~her~~ him alive on Jan 6, 1961
Death occurred at 8:15 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Martin H Christ MD
22b. ADDRESS: 6106 King Hill Ave
22c. DATE SIGNED: 1-7-61

M.H. Christ, M.D.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 8, 1961
23c. NAME OF CEMETERY OR CREMATORY: Union Star Cemetery
23d. LOCATION (City, town, or county) (State): Union Star, Mo.

24. FUNERAL DIRECTOR: Clark Funeral Home ADDRESS: St. Joseph, Mo.
25. DATE RECD BY LOCAL REG.: Jan. 10, 1961
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4238

P. O. Address _____

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