

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 2 4 1961

-61-000682

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 13

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Missouri State Penitentiary</b> <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City Missouri</b>		Length of stay in 1b <b>14 Months</b>	c. CITY OR TOWN <b>St. Louis</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Missouri State Penitentiary</b>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5181 Cates</b>
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>Wilbur</b> Middle <b>Anthony</b> Last <b>Brown</b>			4. DATE OF DEATH Month <b>1</b> Day <b>13</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-8-26</b>	9. AGE (last birthday) <b>34</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Springfield, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>United States</b>
13a. FATHER'S NAME <b>Deceased Ben Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Delma Brown</b>		14. NAME OF HUSBAND OR WIFE <b>Mevlene Brown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Missouri State Penitentiary</b> Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Knife Wounds (st) chest, neck &amp; head</b> <b>(Fight)</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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)		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 checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Knife Fight</b>			
20c. TIME OF INJURY Hour <b>4:15</b> a.m. x p.m. Month, Day, Year <b>1/13/61</b>	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.) <b>Missouri State Prison</b>	20f. CITY, TOWN, OR LOCATION <b>Jefferson City</b>	COUNTY <b>Cole</b>	STATE <b>Mo.</b>
21. I attended the deceased from _____, to _____ and last saw him alive on <b>1-12-61</b> Death occurred at <b>4:15</b> P.m on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) <b>Her Mother MD</b>		22b. ADDRESS <b>MSP Hospital</b>		22c. DATE SIGNED <b>1-14-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal &amp; Burial</b>	23b. DATE <b>1-18-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		
24. FUNERAL DIRECTOR <b>Gideon N. Houser</b>		ADDRESS <b>Jefferson City</b>	25. DATE RECD. BY LOCAL REG. <b>14 January 1961</b>	26. REGISTRAR'S SIGNATURE <b>R.P. Harris, MD - Richter, Dep.</b>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

VS JAN 24 1961

MAY 17 1961

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**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 Bill McLaughlin, Student Embalmer No. 620  
working under my personal supervision.

Student

Bill McLaughlin  
Signature of Student Embalmer

Signed

Gideon N. Hansen

Licensed Embalmer No. 4579

P. O. Address Jefferson City, Mo.

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.