

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004935

STATE FILE NUMBER

FILED VS FEB 28 1961 98

Registration District No. 4165

Primary Registration District No.

Registrar's No. 28

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Daviess				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gallatin		Length of stay in 1b 3 Weeks		c. CITY OR TOWN Jameson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cox Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) ---		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Lillie Belle Brown				4. DATE OF DEATH Month Day Year February 5 1961				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-5-1886	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Daviess Co. Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John White			13b. MOTHER'S MAIDEN NAME Harriett Lamb		14. NAME OF HUSBAND OR WIFE Fred Brown (Dec'd)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				INFORMANT Mrs. Chas. E. Henry, Gallatin, Mo		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) Carcinoma Colon						INTERVAL BETWEEN ONSET AND DEATH 18 moe		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____		
						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 Dec. 1960 to Feb. 5, 1961 and last saw her ^{her} _{him} alive on Feb. 4, 1961 Death occurred at 3:30 P on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Floyd E. Nelson (Dr. free or title)				22b. ADDRESS Gallatin, MO		22c. DATE SIGNED 2-6-61		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)			(State)	
Burial	2-7-1961	Civil Bend Christian Cem.		Daviess Co. Mo.				
24. GENERAL DIRECTOR Hope Funeral Home, Gallatin, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 2-17-61		26. REGISTRAR'S SIGNATURE Vigueron Engesser		

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 _____

Signature of Student Embalmer

Signed

A. Dickerson

Licensed Embalmer No. 3302

P. O. Address Ballater, 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.