

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007278  
STATE FILE NUMBER

AMENDED

FILED VS FEB 27 1961 Primary Registration District No. 4480 Registrar's No. 6

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY SCHUYLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCHUYLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GREENTOP		Length of stay in 1b 6 week	c. CITY OR TOWN LANCASTER
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GREENTOP NURSING 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 HARLEY BROWN			4. DATE OF DEATH FEB. 14, 1961
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 8-8-1883
9. AGE (last birthday) 77		IF UNDER 1 YEAR Months 6 Days 6	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) SCHUYLER COUNTY
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME HIRAM BROWN	
13b. MOTHER'S MAIDEN NAME PERLINA REED		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		17. INFORMANT Ollie Brown Bancaster, 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) Medullary failure DUE TO (b) Cerebral thrombosis DUE TO (c) Cerebral arteriosclerosis & hypertension			INTERVAL BETWEEN ONSET AND DEATH 4 days years
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 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 Feb. 10, 1961 to Feb. 14, 1961 and last saw her/him alive on Feb. 14, 1961 Death occurred at 6:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE N.P. Stoker, MD.		22b. ADDRESS Lancaster, Mo.	22c. DATE SIGNED 2-20-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 16, 1961	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) Lancaster, Missouri
24. FUNERAL DIRECTOR Norman's Funeral Home, Lancaster, Mo.		25. DATE RECD. BY LOCAL REG. Mo. 2-22-61	26. REGISTRAR'S SIGNATURE Perry Stacey

FEB 1 1962



**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 W. G. Foster

Licensed Embalmer No. 4742

P. O. Address Leaksville, Pa.

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.