

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008065

STATE FILE NUMBER

AMENDED

Registration District No. 75 Primary Registration District No. 5301 Registrar's No. 34
 FILED APR 12 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Shoal Twp.		Length of stay in 1b 21 yrs.	c. CITY OR TOWN R.R.#2 Osborn
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home R.R.#2 Osborn		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3 mi.S-E Osborn
3. NAME OF DECEASED (Type or print) First WILLIAM Middle RALPH Last BROWN		4. DATE OF DEATH Mar. 29, 1961	
5. SEX Male	6. COLOR OR RACE Cauc.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-26-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY same	9. AGE (last birthday) 69
11. BIRTHPLACE (City and state or country) Oberlin, Penn.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Brown		13b. MOTHER'S MAIDEN NAME Minnie Horst	14. NAME OF HUSBAND OR WIFE Helen Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address Helen Brown, R.R.#2 Osborn, 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) Mitastate Adeno Carcinoma DUE TO (b) Bladder, abdomen DUE TO (c) Adeno Carcinoma rectum PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 yrs
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 Jan 3-1950 to March 29, 1961 and last saw him alive on March 29, 1961 Death occurred at 12:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) M.D.		22b. ADDRESS Cameron, Mo.	
22c. DATE SIGNED 3-31-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-1-1961	23c. NAME OF CEMETERY OR CREMATORY Evergreen	23d. LOCATION (City, town, or county) (State) Osborn, Mo.
24. FUNERAL DIRECTOR ADDRESS Poland Funeral Home, Cameron, Mo.		25. DATE RECD. BY LOCAL REG. 4-2-61	26. REGISTRAR'S SIGNATURE Francis D. Crawford

VS APR 12 1961

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 Laurence J. Thompson

Licensed Embalmer No. 4735
P. O. Address Camden, N.J.

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.