

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-009899

STATE FILE NUMBER

AMENDED

Registration District No. 242 Primary Registration District No. 4364 Registrar's No. 11

FILED APR 14 1961

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stella</u>		Length of stay in lb <u>2 da</u>	c. CITY OR TOWN <u>Washburn</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Stella Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Stella Hospital</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Leslie Middle Dale Last Brown 4. DATE OF DEATH Month February Day 17 Year 1961

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-15-1961 9. AGE (last birthday) 0 IF UNDER 1 YEAR Months 0 Days 2 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and state or country) Stella, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Leslie David Brown 13b. MOTHER'S MAIDEN NAME Norma June Charles 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. no 17. INFORMANT L. D. Brown-Washburn, Missouri 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) Cerebral Anoxia INTERVAL BETWEEN ONSET AND DEATH 10 min.
DUE TO (b) Atelectasis 2 hrs.
DUE TO (c) mucus, obstructing bronchi 3 days.

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 2/15/61 to 2/17/61 and last saw him alive on 2/17/61. Death occurred at 12:40 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Fred R. Clark D.O. 22b. ADDRESS Box 88, Wheaton, Mo. 22c. DATE SIGNED 2/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-19-1961 23c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery 23d. LOCATION (City, town, or county) (State) Exeter, Missouri

24. FUNERAL DIRECTOR Culver's ADDRESS Cassville, Missouri 25. DATE RECD. BY LOCAL REG. 2-20-61 26. REGISTRAR'S SIGNATURE Mildred Moberly

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Paul D. Heubert

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.