SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013078
STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 141

FILED MAY 15 1961

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City — Length of stay in 1b 28 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1412 Monroe St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1412 Monroe St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Charles Middle Asher Last Brown
4. DATE OF DEATH Month May Day 6, Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-25-1905
9. AGE (last birthday) 56 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY St. Auditors Off.
11. BIRTHPLACE (City and state or country) Gallatin, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Oliver I. Brown
13b. MOTHER'S MAIDEN NAME Minnie D. Evans
14. NAME OF HUSBAND OR WIFE Bessie May Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
17. INFORMANT Address Mrs. Chas. A. Brown, Jefferson City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute myocardial infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary thrombosis
DUE TO (c) Arteriosclerotic Cardiovascular disease
INTERVAL BETWEEN ONSET AND DEATH ~~[illegible]~~ 10 minutes
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 March 19th 61 to May 6th 61 and last saw her/him alive on 4/26/61
Death occurred at 1 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W. McHenry MD
22b. ADDRESS Jefferson City, Mo
22c. DATE SIGNED 5/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 5-7-1961
23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery
23d. LOCATION (City, town, or county) (State) Richmond, Missouri

24. FUNERAL DIRECTOR ADDRESS Levan Thurman, Richmond, Missouri
25. DATE RECD. BY LOCAL REG. 9 May 1961
26. REGISTRAR'S SIGNATURE R.P. Dorris, Mr. N Richter Dep

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

US MAY 15 1961

JUN 5 1967

JUL 14 1967

MAR 2 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 Bill McLaughlin, Student Embalmer No. 620 working under my personal supervision.

Student Bill McLaughlin
Signature of Student Embalmer

Signed Gideon N. Houser

Licensed Embalmer No. 4579

P. O. Address Jefferson City

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.