

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018239

STATE FILE NUMBER

AMENDED

Primary Registration District No. 3041 Registrar's No. 81

**1. PLACE OF DEATH**  
 a. COUNTY Macon  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon Length of stay in 1b \_\_\_\_\_  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 303 Duff St. Inside Limits Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Macon  
 c. CITY OR TOWN Macon Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 303 Duff St. Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print) First Middle Last RAYMOND DOUGLAS BROWN  
**4. DATE OF DEATH** Month Day Year May 28, 1961

**5. SEX** Male **6. COLOR OR RACE** White **7. Married**  **Never Married**   
**Widowed**  **Divorced**  **8. DATE OF BIRTH** 6/6/1905 **9. AGE (last birthday)** 55  
 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Secretary, Still-Hildreth Hospital  
**10b. KIND OF BUSINESS OR INDUSTRY** Macon, Missouri **11. BIRTHPLACE** (City and state or country) U.S.A.  
**12. CITIZEN OF WHAT COUNTRY** U.S.A.

**13a. FATHER'S NAME** Hez Brown **13b. MOTHER'S MAIDEN NAME** Margaret Hurst **14. NAME OF HUSBAND OR WIFE** Winifred Wine Brown

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) No  
**16. SOCIAL SECURITY NO.** \_\_\_\_\_ **17. INFORMANT** Mrs. Winifred Brown, Macon 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) Coronary Occlusion  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis  
 DUE TO (c) \_\_\_\_\_  
 INTERVAL BETWEEN ONSET AND DEATH 1 week

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** 5/23/61 to 5/23/61 and last saw him alive on 5/23/61  
 Death occurred at 11:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** [Signature] (Degree or title) **22b. ADDRESS** Macon, Missouri **22c. DATE SIGNED** 5/25/61

**23a. BURIAL, CREMATION, REMOVAL** (Specify) Burial **23b. DATE** 5-26-1961 **23c. NAME OF CEMETERY OR CREMATORY** Maplewood Mausoleum **23d. LOCATION** (City, town, or county) Clarence Mo.

**24. FUNERAL DIRECTOR'S ADDRESS** D. Lester Rasmussen Macon, Mo. **25. DATE RECD. BY LOCAL REG.** 5/29/61 **26. REGISTRAR'S SIGNATURE** [Signature]

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1961 9 NOV SA

**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 R. Lester Brown

Licensed Embalmer No. 4472

P. O. Address Mason 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.