SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 336 Primary Registration District No. 4521 Registrar's No. 51

61-20138

FILED JUN 7 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Houston, Mo.
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Texas County Mem. Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Howell
c. CITY OR TOWN: Mountain View
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural Route 2
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Julian Middle: Henry Last: Brown
4. DATE OF DEATH: Month: May Day: 23 Year: 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/3/1875
9. AGE (last birthday): 86
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): Book Keeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Corning, N. Y.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Myron Brown
13b. MOTHER'S MAIDEN NAME: Mary Ewen
14. NAME OF HUSBAND OR WIFE: Selma Jane Franz Brown
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.
17. INFORMANT: Mrs. Julian Brown Address: Mt. View, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Circulatory Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial Infarction
DUE TO (c): Hypertensive Arteriosclerotic heart disease
INTERVAL BETWEEN ONSET AND DEATH
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 1958, to 1961 and last saw her/him alive on May 23-1961
Death occurred at 6:12 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Dr Lavere Hampton (Degree or title): D.O.
22b. ADDRESS: Summersville Mo
22c. DATE SIGNED: 6-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY: Newcomer Crematory
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: Duncan Funeral Home ADDRESS: Mtn. View, Mo.
25. DATE RECD. BY LOCAL REG.: 6-6-61
26. REGISTRAR'S SIGNATURE: Myrtle Craig M.S.

(Licensed Embalmer's Statement on Reverse Side)

JUN 13 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 _____ Signed Charles D. Gartain
Signature of Student Embalmer

Licensed Embalmer No. 5187

P. O. Address Mt. View

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.