

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-023944
STATE FILE NUMBER

AMENDED

Registration District No. 4024 Primary Registration District No. 52 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cassville		Length of stay in 1b 5 minutes	c. CITY OR TOWN Cassville Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ADDRESS Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First BERT Middle WILSON Last BROWN			4. DATE OF DEATH Month July Day 16 Year 1961		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-24-1915	9. AGE (last birthday) 45	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) well driller		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Brown		13b. MOTHER'S MAIDEN NAME Eva Leah Owens		14. NAME OF HUSBAND OR WIFE Corda Mae Brown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWII		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Mae Brown-Cassville, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wound in left chest		INTERVAL BETWEEN ONSET AND DEATH 19 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 410 shot gun placed on left chest	
20c. TIME OF INJURY 8:00	Hour 05 Month, Day, Year 7/16/61	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION 5 mi. S-E Cassville	COUNTY Barry	STATE Mo.

21. I attended the deceased from **Coroner's Case** and last saw her **alive** on **about 8:15** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dale E. Williamson Coroner		22b. ADDRESS Cassville, Missouri		22c. DATE SIGNED 7/19/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-21-1961	23c. NAME OF CEMETERY OR CREMATORY Horner Cemetery	23d. LOCATION (City, town, or county) Barry County, Missouri	
24. FUNERAL DIRECTOR Culver's Cassville, Missouri		25. DATE RECD. BY LOCAL REG. 7-27-'61	26. REGISTRAR'S SIGNATURE Grace Williams	

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 7 1961

AUG 10 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

Paul D. Henrich

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.