

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026138
STATE FILE NUMBER

FILED JUL 24 1961 254 Primary Registration District No. 4386 Registrar's No. 42

AMENDED

1. PLACE OF DEATH a. COUNTY Oregon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Thayer		Length of stay in 1b 2 1/2 year		c. CITY OR TOWN Thayer		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Dell Middle Brown Last Brown			4. DATE OF DEATH Month 6 Day 28 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 1-25-1880	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. of Fish Hatchery			10b. KIND OF BUSINESS OR INDUSTRY Fish Hatchery	11. BIRTHPLACE (City and state or country) Harrison Co., Ind.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Jasper Brown			13b. MOTHER'S MAIDEN NAME Nannie Stallings		14. NAME OF HUSBAND OR WIFE Ruby Mayer		
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. none		17. INFORMANT Ruby Brown, Mammoth Spring, Arkansas		
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 embolus							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)							
DUE TO (c) Senile arteriosclerosis							
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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 _____ to _____ and last saw her/him alive on _____ Death occurred at 5:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Arvalde M. D.				22b. ADDRESS Mammoth Spring Ark		22c. DATE SIGNED 7-26-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-30-1961	23c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery		23d. LOCATION (city, town, or county) (State) Mammoth Spring, Arkansas		
24. FUNERAL DIRECTOR Carter Funeral Home, Thayer, Missouri				25. DATE RECD. BY LOCAL REG. 7-20-61		26. REGISTRAR'S SIGNATURE Arthur Wolff	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 ITEM NO.
 SHOULD READ
 BY AFFIDAVIT OF
 MEDICAL CERTIFICATION
 DOCUMENT
 INSTANT OF

SA
JUL 2 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 *Richard Carter*
Licensed Embalmer No. 4516

P. O. Address *West Plains*

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.