

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028180
STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 36

AMENDED

FILED AUG 7 1961

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Warren</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Elkhorn township</u> | Length of stay in 1b <u>11 days</u> | c. CITY OR TOWN <u>Warrenton</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 mi. west of Warrenton</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>210 E. Walton</u> |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

| | |
|--|---|
| 3. NAME OF DECEASED (Type or print) First <u>Flora</u> Middle <u>Temple</u> Last <u>Brown</u> | 4. DATE OF DEATH Month <u>August</u> Day <u>1</u> Year <u>1961</u> |
|--|---|

| | | | | | | |
|-------------------------|----------------------------------|---|---------------------------------------|-------------------------------------|---|----------------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10-22-1875</u> | 9. AGE (last birthday) <u>85</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | IF UNDER 24 HR Min. <u> </u> |
|-------------------------|----------------------------------|---|---------------------------------------|-------------------------------------|---|----------------------------------|

| | | | |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | 11. BIRTHPLACE (City and state or country) <u>Warren County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
|---|--|---|--|

| | | |
|--|---|--|
| 13a. FATHER'S NAME <u>Wm. Temple Richardson</u> | 13b. MOTHER'S MAIDEN NAME <u>Jeanette Durham</u> | 14. NAME OF HUSBAND OR WIFE <u>Chas. F. Brown, dec'd.</u> |
|--|---|--|

| | | | |
|---|--|---|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT <u>Mrs. Goldie Brown</u> | Address <u>R.R. #3</u> <u>Warrenton, Mo.</u> |
|---|--|---|---|

| | | |
|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Anuria</u> | | <u>3 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Circulatory Failure</u> | |
| | DUE TO (c) <u>Chronic Lymphatic Leukemia</u> | <u>2 1/2 yrs.</u> |
| 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 checked="" 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 <u> </u> a.m. <u> </u> p.m. <u> </u> | Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>1-26-53</u> to <u>7-30-61</u> and last saw her alive on <u>7-30-61</u> Death occurred at <u>3:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. |
|---|

| | | |
|--|---------------------------------------|-----------------------------------|
| 22a. SIGNATURE (Degree or title) <u>A. N. MacRae D.O.</u> | 22b. ADDRESS <u>Warrenton, Mo.</u> | 22c. DATE SIGNED <u>8-3-61</u> |
|--|---------------------------------------|-----------------------------------|

| | | | |
|--|----------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8-3-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Warrenton, Mo.</u> |
|--|----------------------------|--|--|

| | | | |
|--|---------|---|---|
| 24. FUNERAL DIRECTOR <u>F. W. Nieburg & Co., Warrenton, Mo.</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>8-4-61</u> | 26. REGISTRAR'S SIGNATURE <u>Helen Mildred</u> |
|--|---------|---|---|

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

X
X
X

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 John J. Hieburg

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.