

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-028343**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 541

**FILED SEP 5 1961**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Boone</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>			Length of stay in 1b <b>Life</b>		c. CITY OR TOWN <b>Columbia</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1/2 Mi N. City Limits</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>R.F.D. 5</b>	
3. NAME OF DECEASED (Type or print) First <b>Claude</b> Middle <b>Ray</b> Last <b>Brown</b>						4. DATE OF DEATH Month <b>August</b> Day <b>29</b> Year <b>1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-8-1899</b>	9. AGE (last birthday) <b>61</b>		IF UNDER 1 YEAR Months <b>61</b> Days <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teamster</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Truck Driver</b>		11. BIRTHPLACE (City and state or country) <b>Boone County, Mo.</b>		12. CITIZENSHIP OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>George Brown</b>			13b. MOTHER'S MAIDEN NAME <b>Lula Cundiff</b>			14. NAME OF HUSBAND OR WIFE <b>*****</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>				17. INFORMANT Address <b>Claude R. Brown Jr. Hannabal, Mo</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crushing injuries of chest and abdomen</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>Few min.</b>
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 checked="" 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.) <b>Pinned beneath overturned tractor in a small creek.</b>					
20c. TIME OF INJURY <b>4:00 a.m. 8-29-61</b>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Farm</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Columbia Township Boone Mo</b>	
21. I attended the deceased from <b>Coroner's case</b> and last saw her/him alive on _____ Death occurred at <b>ca 4:00 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Richard E Johnson, MD</b>				22b. ADDRESS <b>Columbia, Mo</b>		22c. DATE SIGNED <b>8-30-61</b>	
23a. BURIAL, CREMATION, REBURY (Specify) <b>Burial</b>		23b. DATE <b>8-31-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Columbia Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Columbia, Mo.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Lyman Sprinkle, Columbia, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Aug 31, 1961</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. R E Palmer</b>	

OCT 23 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 A. Reeves

Licensed Embalmer No. 5109

P. O. Address Columbia, 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.