

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-028620

STATE FILE NUMBER

AMENDED

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 13

FILED SEP 13 1961

1. PLACE OF DEATH

a. COUNTY

Cedar

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Eldorado Spgs.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

cedar Co. Memorial

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Cedar

admission)

c. CITY
OR TOWN

Eldorado Springs

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

421 South Main

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Middle Last
WILLIAM MANLEY BROWN4. DATE
OF DEATH

Month

Day

Year

9

7

61

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10-8-1879

9. AGE (last birthday)

81

10. IF UNDER 1 YEAR

Months

Days

11. IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Ill.

11. BIRTHPLACE (City and state or country)

Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Harrison Brown

13b. MOTHER'S MAIDEN NAME

Louise Bailey

14. NAME OF HUSBAND OR WIFE

Quessie Valeria Brown

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

Manley Leroy Brown

Address

R.R. Rockville Mo.

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 thrombosis

INTERVAL BETWEEN ONSET AND DEATH

5 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

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.

☐ Yes ☒ No ☐ Unknown19. 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

Month, Day, Year

a.m.

p.m.

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 Sept. 7, 1961 to Sept. 7, 1961 and last saw him alive on Sept. 7, 1961

Death occurred at 7:20

A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wm. C. Sundermuth, D.O.

22b. ADDRESS

127 W. Spring, Eldorado Springs

22c. DATE SIGNED

Sept. 9

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-10-61

23c. NAME OF CEMETERY OR CREMATORY

Elintville

23d. LOCATION (City, town, or county)

Eldorado Spgs. Mo.

(State)

61

24. FUNERAL DIRECTOR

Melvin L. Lammson

ADDRESS

Eldo. Spgs. 9-9-61

25. DATE RECD. BY LOCAL REG.

9-9-61

26. REGISTRAR'S SIGNATURE

Dore Lammson

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SEP 26 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 William L. Jansen

Licensed Embalmer No. 4529

P. O. Address Appleton City

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.