

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029990

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 178 Primary Registration District No. \_\_\_\_\_ Registrar's No. 63

**FILED SEP 6 1961**

|  |  |   |   |  |   |
|--|--|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lewis</b>  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Lewis</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Reddish</b>   |  | Length of stay in 1b<br><b>1 yr.</b>  | c. CITY OR TOWN <b>Canton</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Prairie View Rest Home</b>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>713 Nesmith</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Edith</b> Middle <b>Leota</b> Last <b>Brown</b>   |  |   | 4. DATE OF DEATH<br>Month <b>August</b> Day <b>24</b> Year <b>1961</b>  |  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9-23-1891</b>  | 9. AGE (last birthday)<br><b>69</b>  | IF UNDER 1 YEAR<br>Months _____ Days _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Nelsonville, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |
| 13a. FATHER'S NAME<br><b>Van Schofield</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Rebeka J. Brest</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Marvin Brown</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT<br>Address<br><b>Arthur Brown, Canton, Mo.</b>  |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accident</b>  |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 weeks</b>                                    |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.  | Month, Day, Year   |   |   |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 <b>June 1960</b> to <b>24 Aug 61</b> and last saw her <b>live</b> on <b>23 Aug 61</b><br>Death occurred at <b>D.B.A.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>John W. Wells D.O.</b>  |  |   | 22b. ADDRESS<br><b>Lewis town Mo</b>  |  | 22c. DATE SIGNED<br><b>26 Aug 61</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>Aug 27, 1961</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Forest Grove</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>Canton, Lewis Co. Mo.</b>  |   |
| 24. GENERAL DIRECTOR ADDRESS<br><b>Earl H. Buckley, Canton Mo.</b>   |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>9-1-61</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Henry Lloyd</b>   |   |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

SEP 8 1961

FEB 15 1962

**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 Earl A. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton, 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.