

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032694

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 96

FILED OCT 2 1961

|   |                                      |   |  |
|---|--------------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Iron</b>   |                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br><b>Ironton</b>                      | Length of stay in 1b<br><b>1 day</b> | c. CITY OR TOWN<br><b>Ironton</b>   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>St Mary's Hospital</b> |                                      | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>4 Mi East</b>                    |

|  |                                 |   |   |   |  |
|--|---------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>MICHAEL DEAN BROWERS</b>                    |                                 |   | 4. DATE OF DEATH<br>Month Day Year<br><b>Sept 19 1961</b> |   |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>Cauc</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>18 Sep 1961</b>                    | 9. AGE (last birthday)<br>IF UNDER 1 YEAR<br>Months <b>1</b> Days <b>1</b> Hours <b></b> Min. <b></b> | IF UNDER 24 HR<br>Hours <b></b> Min. <b></b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>none</b> |                                 | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>none</b>  |   | 11. BIRTHPLACE (City and state or country)<br><b>Ironton, Missouri</b>                                |  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |                                 |   |   |   |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 13a. FATHER'S NAME<br><b>Buddy Browers</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Joyce Warren</b> |  | 14. NAME OF HUSBAND OR WIFE                                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (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 Address<br><b>Buddy Browers Ironton, 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>Congenital atelectasis</b> |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 day</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>Prematurity (34 weeks gestation)</b> |  | <b>1 day</b>                                     |
|   | DUE TO (c) <b>2nd of multiple birth</b>            |  |  |

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|---|--|--|--|
| 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? 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 Month, Day, Year<br>a.m. p.m.   |   |  |  |

|   |  |  |                       |                     |
|---|--|--|-----------------------|---------------------|
| 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<br><b>Ironton, Missouri</b> | COUNTY<br><b>Iron</b> | STATE<br><b>Mo.</b> |
| 21. I attended the deceased from <b>9-18-61</b> to <b>9-19-61</b> and last saw him alive on <b>9-19-61</b><br>Death occurred at <b>1:45 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |                       |                     |

|  |  |                                    |
|--|--|------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><b>R. E. Harland, M.D.</b> | 22b. ADDRESS<br><b>Ironton, Missouri</b> | 22c. DATE SIGNED<br><b>9-20-61</b> |
|--|--|------------------------------------|

|  |  |  |   |
|--|--|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>             | 23b. DATE<br><b>20 Sep '61</b>                 | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Arcadia Valley Mem. Pk.</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Ironton, Missouri</b> |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>White Funeral Home Ironton, Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>9-21-61</b> | 26. REGISTRAR'S SIGNATURE<br><b>Miss Avis Jones</b>                  |   |

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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

This Body was not embalmed  
Signed Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Ironton, Missouri

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.