

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045626

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 4329 Registrar's No. 2

AMENDED

FILED JAN 12 1962

DATE AMENDED

2/2/62

INSTEAD OF

1/1/90 & 71

DOCUMENT

SHOULD READ

1/1/91 & 70

ITEM NO.

8 & 9

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri COUNTY Mississippi (mission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wyatt		Length of stay in lb 60 Years	c. CITY OR TOWN Wyatt Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wyatt, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Wyatt, Mo. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John Joseph Brown			4. DATE OF DEATH Month Day Year 12/28/61
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/1/1896
9. AGE (last birthday) 71 70		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cotton Ginmer		10b. KIND OF BUSINESS OR INDUSTRY Cotton Gin	11. BIRTHPLACE (City and state or country) Clairville, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Elliott Brown	
13b. MOTHER'S MAIDEN NAME Gertrude Mansker		14. NAME OF HUSBAND OR WIFE Maggie Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Maggie Brown, Wyatt, 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) Myocardial degeneration			INTERVAL BETWEEN ONSET AND DEATH 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocardial hypertrophy			3 yrs
DUE TO (c) Chronic Bronchiectasis			
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 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 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	COUNTY STATE
21. I attended the deceased from 12/24-61 to 12-28-61 and last saw him alive on 12-28-61 Death occurred at 12:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D.P. Fenton DO		22b. ADDRESS Wyatt Mo	22c. DATE SIGNED (State) 12/24/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/31/61	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) Charleston, Mo.
24. FUNERAL DIRECTOR ADDRESS The Wunnelee Funeral Chapel Charleston, Mo.		25. DATE RECD. BY LOCAL REG. 12-30-61	26. REGISTRAR'S SIGNATURE Sonaty B. Hathorn

VS JAN 1 2 1962

Permit issued
12-30-61
DPT

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 R. Neumann Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston,

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.