

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

314-61-045779  
STATE FILE NUMBER

AMENDED Registration District No. 274 Primary Registration District No. Registrar's No.

FILED DEC 18 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>		Length of stay in lb <b>lifetime</b>	c. CITY OR TOWN <b>Sedalia</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>Route 2</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Route 2</b>		
3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>JAMES</b> Last <b>BROWN</b>			4. DATE OF DEATH Month <b>December</b> Day <b>7</b> Year <b>1961</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3/21/11</b>	9. AGE (last birthday) <b>50</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Storekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Missouri Public Service Co.</b>		11. BIRTHPLACE (City and state or country) <b>Sedalia, Mo.</b>		
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Claude R. Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Alpha Brown</b>		
14. NAME OF HUSBAND OR WIFE <b>Clara Steeples</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>				
16. INFORMANT <b>Mrs. Clara Brown, Route 2, Sedalia, Mo.</b>				Address		
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>Fractured skull from being</b> <b>kicked by a horse</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>fractured skull from being</b> <b>kicked by a horse</b> DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)					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>Kicked by a horse</b>				
20c. TIME OF INJURY Hour <b>12:00 noon</b> Month, Day, Year <b>12-7-61</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, etc.) <b>Barn lot</b>		20f. CITY, TOWN, OR LOCATION <b>Pettis Mo.</b>		
21. I viewed the deceased from <b>es corner</b> and last saw him <b>at 12:00 noon</b> Death occurred at <b>12:00 noon</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <b>Chas Jordan Steuffels MD</b>				22b. ADDRESS <b>Conners, Pettis Co</b>		
22c. DATE SIGNED <b>12-8-61</b>						
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>12/9/61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		
23d. LOCATION (City, town, or county) <b>Sedalia, Missouri</b>		23e. REGISTRAR'S SIGNATURE <b>Frances A. Leiby</b>				
24. GENERAL DIRECTOR <b>Thomas Cowing</b>			25. DATE RECD. BY LOCAL REG. <b>12-11-1961</b>		25. REGISTRAR'S SIGNATURE <b>Frances A. Leiby</b>	

**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 *Phane Ewing*

Licensed Embalmer No. 3847

P. O. Address *Delaware*

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.