MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER: 62-001339

Registration District No. 137　　Primary Registration District No. 3023　Registrar's No. 21

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS / INSTEAD OF / SHOULD READ — DOCUMENT / AFFIDAVIT OF

ITEM NO. / BY AFFIDAVIT OF

FILED JAN 29 1962

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Clinton　Length of stay in 1b: 21 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wetzel Hospital　Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri　b. COUNTY: Henry
c. CITY OR TOWN: Clinton　Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS: 108 W. Henry Street　Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First: MABLE　Middle: SMITH　Last: BROWN

4. DATE OF DEATH: Month / Day / Year — January 19, 1962

5. SEX: Female　**6. COLOR OR RACE**: White
7. Married ☒　Never Married ☐　Widowed ☐　Divorced ☐
8. DATE OF BIRTH: 12/3/83　**9. AGE (last birthday)**: 78
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): At Home
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Johnson Co., Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: T.D. Smith
13b. MOTHER'S MAIDEN NAME: Rebecca Weeden
14. NAME OF HUSBAND OR WIFE: William H. 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: William H. Brown, Clinton, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Pulmonary Edema	3 hrs.
DUE TO (b)	Acute Myocardial Insufficiency	6 hrs.
DUE TO (c)	Coronary Occlusion c̄ Myocardial Infarction	24 hrs.

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

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 ☐ Unknown

19. 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 / a.m. p.m. / Month, Day, Year
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 1-19-62, to 1-19-62 and last saw her alive on 1-19-62
Death occurred at 8:55 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Clinton L. Glaze, DO
22b. ADDRESS: Clinton Mo
22c. DATE SIGNED: 1/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 22-1962
23c. NAME OF CEMETERY OR CREMATORY: Englewood
23d. LOCATION (City, town, or county): Clinton, Missouri

24. FUNERAL DIRECTOR: Consalus — Clinton, Mo.
25. DATE RECD. BY LOCAL REG.: Jan 22-1962
26. REGISTRAR'S SIGNATURE: Mildred Bigum By M.B.

(Licensed Embalmer's Statement on Reverse Side)

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_____   Signed *Eugene R. Gonsalus*
        Signature of Student Embalmer

        Licensed Embalmer No. *4680*

        P. O. Address *Clinton, 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.