

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-62-005367
State File No.

FILED MAR 8 1962

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. _____ Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rfd Hamburg, Iowa</u> <u>0030-</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Hospital</u>		d. STREET ADDRESS <u>Rural</u> (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u>	b. (Middle) <u>Leta</u>	c. (Last) <u>Brown</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Febr. 13, 1962</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 8, 1888</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u>	IF UNDER 1 WKS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri, Atchison Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>
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13a. FATHER'S NAME <u>Samuel White</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>William Casper Brown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jean Brown Hamburg, Iowa</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>481X</u> DUE TO (c) <u>Semilety, Generalized Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Transition</u>			2 yrs.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to Feb 13, 1962, that I last saw the deceased alive on Feb 13, 1962 and that death occurred at 8:15 p.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Walter Carpenter M.D.</u>	23b. ADDRESS <u>Rock Port Mo</u>	23c. DATE SIGNED <u>2-15-62</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Febr. 16, 1962</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grange Hall</u>	24d. LOCATION (City, town, or county) (State) <u>Atchison County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2/21/1962</u>	REGISTRAR'S SIGNATURE <u>Michael Schuler</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Oral E. Johnson Hamburg Mo</u>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

0030

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-30157. (Red)

STATEMENT BY LICENSED EMBALMER

by me,

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

myself

working under my personal supervision.

Student Embalmer No.

Signed

Paul C. Johnson

Signed.....
Student Embalmer

Licensed Embalmer No. *2839*

P. O. Address *Hamburg Iowa*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply ? comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.