

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010100

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 78

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 21 1962	
1. PLACE OF DEATH	
a. COUNTY <u>Callaway</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>	a. STATE <u>Mo.</u> b. COUNTY <u>Callaway</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Callaway Mem. Gdms.</u>	c. CITY OR TOWN <u>Fulton</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. STREET ADDRESS <u>Rural Rt. # 2</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First <u>Luther</u> Middle <u>Kirk</u> Last <u>Brown</u>	4. DATE OF DEATH
5. SEX <u>male</u>	Month <u>March</u> Day <u>12</u> Year <u>1962</u>
6. COLOR OR RACE <u>White</u>	8. DATE OF BIRTH <u>3-14-07</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	9. AGE (last birthday) <u>54</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Artisan</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing Home</u>
11. BIRTHPLACE (City and state or country) <u>Hardin Co. Tenn.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>J. M. Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Flora Cole</u>
14. NAME OF HUSBAND OR WIFE <u>Edna Page Brown</u>	17. INFORMANT Address <u>Mrs. Luther Brown Fulton, Mo.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>[REDACTED]</u>
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Acute Pneumonitis</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>See xray</u>	
DUE TO (b) <u>Pleural Homogenous substance</u>	
DUE TO (c) <u>Leucopenia</u>	
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 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 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 <u>Mar. 12 - 62</u> to <u>Mar 13/62</u> and last saw her/him alive on <u>Mar. 12 - 62</u> Death occurred at <u>Callaway Hospital, Fulton, Mo.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>[Signature]</u>	22b. ADDRESS <u>Fulton, Mo.</u>
22c. DATE SIGNED <u>3/14/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-14-62</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>	23d. LOCATION (City, town, or county) <u>Fulton, Mo.</u>
24. FUNERAL DIRECTOR <u>Maurin Funeral Home, Fulton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>March 14 - 1962</u>
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

VS 300 Rev. 4/59  
10147  
20140  
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4 0  
5 1  
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7 1  
8 0  
9492X  
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12 1-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1961 MAR 2 11

**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 Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Fulton, 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.