

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010712

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 37

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 26 1962

VS 300
Rev. 4/59

10470
20470

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH e. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Length of stay in lb 1 da	c. CITY OR TOWN Ironton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 819 N. Shepherd Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RICHARD EUGENE BROWN			4. DATE OF DEATH Month Day Year Mar 18 1962
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug 2 1942 9. AGE (last birthday) 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. James Mo. 12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Arnold E. Brown		13b. MOTHER'S MAIDEN NAME Anita E DeVault	14. NAME OF HUSBAND OR WIFE ##
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. [REDACTED]	17. INFORMANT Address Arnold Brown Ironton Mo.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concussion of brain			INTERVAL BETWEEN ONSET AND DEATH 17 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fractured skull			"
DUE TO (c) Traumatic Shock			"
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) lacerations scalp, right arm, hematoma right chest wall hemorrhage into right lung			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.) automobile accident	
20c. TIME OF INJURY Hour a.m. *** 3-18-62 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway 21	20f. CITY, TOWN, OR LOCATION Arcadia, Iron, Missouri	COUNTY	STATE
21. I attended the deceased from 3-18-62 to 3-18-62 and last saw him alive on 3-18-62		Death occurred at 5.00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>R. E. Harland m.d.</i> (Degree or title)		22b. ADDRESS Ironton, Missouri	22c. DATE SIGNED 3-21-62 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3-21-62	23c. NAME OF CEMETERY OR CREMATORY Macedonia Cemetery	23d. LOCATION (City, town, or county) Rolla Mo.
24. FUNERAL DIRECTOR ADDRESS Null Funeral Home, Rolla Mo.		25. DATE RECD. BY LOCAL REG. 3-21-62	26. REGISTRAR'S SIGNATURE <i>Ma Aris Jones</i>

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 Max N. White

Licensed Embalmer No. 5077

P. O. Address Ironton, Missouri

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.