MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017764
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1080
2 02202
3
4 1
5 1
6
7 0
8 2
9 4200
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12 93-0
13 1-0

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 70

FILED MAY 2 1962

1. PLACE OF DEATH
a. COUNTY: Vernon

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: Christian

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington Twnshp. Length of stay in 1b: 1mo 26da
c. CITY OR TOWN: Highlandville Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital #3 Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Alice Middle: Frances Last: Brown
4. DATE OF DEATH Month: April Day: 23 Year: 1962

5. SEX: Female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-22-71
9. AGE (last birthday): 91
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): house wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): ~~Tennessee~~ Christian County
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George W. Hays
13b. MOTHER'S MAIDEN NAME: Sally Ann Davis
14. NAME OF HUSBAND OR WIFE: John H. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT: hospital records Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis, general — "
DUE TO (c): senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Chr. brain syndrome assoc. with arteriosclerosis

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 Feb 28, 1962, to April 23, 1962 and last saw her/him alive on April 23, 1962
Death occurred at 10:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E. L. Rusk (Degree or title): M.D.
22b. ADDRESS: State Hospital #3
22c. DATE SIGNED: 4-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4/24/62
23c. NAME OF CEMETERY OR CREMATORY: Highlandville Cemetery
23d. LOCATION (City, town, or county) (State): Highlandville, Missouri

24. FUNERAL DIRECTOR: Harris Funeral Home ADDRESS: Clever, Missouri
25. DATE RECD. BY LOCAL REG.: 4-28-62
26. REGISTRAR'S SIGNATURE: Anna E. Jerry

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Percy F. Webster

Signature of Student Embalmer

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.