

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020077

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. _____ Registrar's No. 205

DO NOT WRITE ON THIS STUB

AMENDED

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| FILED MAY 23 1962 | |
| 1. PLACE OF DEATH | |
| a. COUNTY <u>St. Francois</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bismarck</u> Length of stay in 1b <u>30 days</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Son's Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. CITY OR TOWN <u>Alton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. STREET ADDRESS (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY ELLENOR BROWN</u> | |
| 4. DATE OF DEATH Month Day Year <u>May 17, 1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> |
| 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-12-1886</u> |
| 9. AGE (last birthday) <u>75</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u> |
| 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>Same</u> |
| 11. BIRTHPLACE (City and state or country) <u>Mountain Grove, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>M.S. Newberry</u> | 13b. MOTHER'S MAIDEN NAME <u>Lida Coplin</u> |
| 14. NAME OF HUSBAND OR WIFE <u>Edward Everett Brown</u> | |
| 15. WAS DECEASED EVER IN U.S.-ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> |
| 17. INFORMANT Address <u>Dwight Brown Bismarck, Missouri</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lake pneumonia</u> DUE TO (b) <u>hypertension</u> DUE TO (c) <u>Respiratory Tract Infection of Colon</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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year s.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>May 16th - May 17th</u> and last saw her/him alive <u>May 17</u> Death occurred at <u>1:50 PM</u> m on the date stated above, and to the best of my knowledge from the causes stated. | |
| 22a. SIGNATURE (Degree or title) <u>W. D. Thayer M.D.</u> | 22b. ADDRESS <u>Bismarck, Missouri</u> |
| 22c. DATE SIGNED <u>5-17-62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>5-17-62</u> |
| 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) <u>Thayer, Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Shipman & Sons Funeral Directors Bismarck, Missouri</u> | 25. DATE RECD. BY LOCAL REG. <u>May 17, 1962</u> |
| 26. REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u> | |

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 J. N. Shipman Jr., Student Embalmer No. 664
working under my personal supervision.

Student Johnny N. Shipman Jr.
Signature of Student Embalmer

Signed John N. Shipman

Licensed Embalmer No. 4881

P. O. Address Bidmark, Md.

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.

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