

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029697

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 163

**FILED AUG 8 1962**

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>NEW MADRID</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SIKESTON</b>		Length of stay in lb <b>2 days</b>	c. CITY OR TOWN <b>NEW MADRID</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MO. DELTA COMMUNITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>315 Church</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Daisy</b> Middle <b>Dora</b> Last <b>Brown</b>			4. DATE OF DEATH Month <b>7</b> Day <b>24</b> Year <b>62</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>2/23/1895</b>
9. AGE (last birthday) <b>77</b>		IF UNDER 1 YEAR Months <b>77</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (City and state or country) <b>WARREN, CO. TENN. U.S.A.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13. MOTHER'S MAIDEN NAME <b>NANCY LEE</b>	
13a. FATHER'S NAME <b>ROD DUNHAM</b>		14. NAME OF HUSBAND OR WIFE <b>W<sup>m</sup> BROWN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	
17. INFORMANT <b>MARGUERITE BROWN</b>		Address <b>NEW MADRID, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACUTE PANCREATITIS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>ART. SCLER. HEART DIS. DIABETES MEL.</b>			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. Month, Day, Year	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.) <b>7.22.62</b>	20f. CITY, TOWN, OR LOCATION <b>SIKESTON, MO.</b>		
21. I attended the deceased from <b>7.22.62</b> , to <b>7-24-62</b> and last saw her alive on <b>7-24-62</b> Death occurred at <b>12:25 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS <b>SIKESTON, MO.</b>	
22a. SIGNATURE <b>Carl G. Papp, M.D.</b>		22c. DATE SIGNED <b>7.24.62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7/25/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>EVERGREEN</b>	23d. LOCATION (City, town, or county) (State) <b>NEW MADRID, MO.</b>
24. FUNERAL DIRECTOR <b>RICHARDS FUNERAL HOME</b>		25. DATE RECD. BY LOCAL REG. <b>July 30, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Jeanette Wallman</b>

Licensed Embalmer's Statement on Reverse Side

*Permit renewed July 24 - 1962*

**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 *[Signature]*

Licensed Embalmer No. 3803

P. O. Address New Madrid.

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.