MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035308
STATE FILE NUMBER

Registration District No. 674 Primary Registration District No. 3035 Registrar's No. 77

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 5 1962

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
10	542		
3	540		
4	0		
5	1		
6			
7	0		
8	2		
9	155.1		
10			
11			
12	2-0		
13	3-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington. Mo. — Length of stay in 1b: 1 week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lexington Memorial Hosp — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Lafayette
c. CITY OR TOWN Odessa — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 6 miles S.E. R F D 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Jesse Middle E Last Brown
4. DATE OF DEATH Month Sept. Day 26 Year 1962
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/11/1888
9. AGE (last birthday) 74 — 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) Farming (retired)
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (City and state or country) Fayetteville Mo.
12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Floyd L. Brown
13b. MOTHER'S MAIDEN NAME Sarah Catherine Braucht
14. NAME OF HUSBAND OR WIFE Katie 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.
17. INFORMANT Mrs. Katie Brown Address Odessa, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardio-vascular Collapse	24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Biliary tract Obstruction	5 months
DUE TO (c)	Carcinoma of Common duct	Approx 1 year

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. ☐ 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 MAY 1962 to Sept. 1962 and last saw him alive on 9-26-62
Death occurred at 8:46 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wayne Boydston (Degree or title) MD
22b. ADDRESS Odessa Mo.
22c. DATE SIGNED 9-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/29/1962
23c. NAME OF CEMETERY OR CREMATORY Concord Cemetery
23d. LOCATION (City, town, or county) (State) Bates City, Mo.

24. FUNERAL DIRECTOR Husman- Sparks ADDRESS Odessa, Mo.
25. DATE RECD. BY LOCAL REG. 9-28-62
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

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 William T. Sparks

Licensed Embalmer No. 4431

P. O. Address Odessa 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.