

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035730

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 116

FILED OCT 3 1962

1. PLACE OF DEATH

a. COUNTY Pulaskib. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WaynesvilleLength of stay in lb
---c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Pulaski County HospInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lacledec. CITY OR TOWN RichlandInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Stoutland Rt #1Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Stella Suffie Brown4. DATE OF DEATH
Month Day Year
Sept 25 19625. SEX
Female6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
1-30-18869. AGE (last birthday)
76IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife10b. KIND OF BUSINESS OR INDUSTRY
Domestic11. BIRTHPLACE (City and state or country)
Pulaski County Mo12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Joseph Godfrey

13b. MOTHER'S MAIDEN NAME

Barbara Robinet

14. NAME OF HUSBAND OR WIFE

Wm Harvey Brown

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.

None

17. INFORMANT

Address Mo
William Harvey Brown Stoutland Rt #118. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

24 hours36 hours

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 ☐ Unknown19. 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 Sept 24 to Sept 25 and last saw her alive on Sept 25
Death occurred at 2:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

DO

22b. ADDRESS

Richland, Missouri

22c. DATE SIGNED

9-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-28-1962

23c. NAME OF CEMETERY OR CREMATORY

Oaklawn Cemetery

23d. LOCATION (City, town, or county)

Richland, Missouri

(State)

24. FUNERAL DIRECTOR

Moss-Williams Richland Missouri

ADDRESS

25. DATE RECD. BY LOCAL REG.

9-28-62

26. REGISTRAR'S SIGNATURE

Gene Paul Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

3

4 1

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8 2

9 331X

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12 1-2

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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

Clarence Mosa

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.