

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041353

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 4524 Registrar's No. 182

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 24 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Walker, Missouri		Length of stay in 1b 3-months	c. CITY OR TOWN Walker, Missouri Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home, Walker, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Yeater Middle George Last Brown			4. DATE OF DEATH Month October Day 13 Year 1962	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-29-1897	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months 1 Days 14	IF UNDER 24 HR Hours 14 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Vernon County	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME S.H. Brown	13b. MOTHER'S MAIDEN NAME Dora Yeater	14. NAME OF HUSBAND OR WIFE Harriet Brown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) Yes World War One	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Harriet Brown, Wife	Address Walker, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis of abdomen and chest		INTERVAL BETWEEN ONSET AND DEATH 2 - 3 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Primary carcinoma of gall bladder	3 mos.
	DUE TO (c)	

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 type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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
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21. I attended the deceased from **August 1949** to **Oct. 13, 1962** and last saw ^{him} ~~her~~ alive on **Oct. 10, 1962**.
Death occurred at **Walker, Missouri 5:00 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (If nurse or file) <i>[Signature]</i>	22b. ADDRESS Moore Building, Nevada, Mo.	22c. DATE SIGNED 10/15/'62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-15-1962	23c. NAME OF CEMETERY OR CREMATORY Newton Burial, Park	23d. LOCATION (City, town, or county) (State) Nevada, Missouri
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24. FUNERAL DIRECTOR Hays Funeral Service, Inc.	ADDRESS Nevada, Missouri	25. DATE RECD. BY LOCAL REG. 10-16-1962	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

OCT 24 1962

STATE OF MISSOURI

DEPARTMENT OF HEALTH

EMERALD

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EMERALD

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 Forrest D. Cooper

Licensed Embalmer No. 5186

P. O. Address Fort Scott, Kansas

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.