

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-046713

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 72

FILED JAN 8 1963

VS 300
Rev. 4/59

0470
0470

3
4 1
5 2
6
7 0
8 2

94500

10
11

1290-2

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TQWN Dent township		c. CITY OR TOWN Bixby	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mi. NW of Bixby		d. STREET ADDRESS (If outside, give location) 2 mi. NW of Bixby	
3. NAME OF DECEASED (Type or print) First ESSIE Middle MARCUS Last BROWN		4. DATE OF DEATH Month December Day 29 , Year 1962	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/10/1889
9. AGE (last birthday) 73		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) at home		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Goodland, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Marcus Thurman	
13b. MOTHER'S MAIDEN NAME Sarah Crocker		14. NAME OF HUSBAND OR WIFE Henry 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 Fay Stricklin, Bixby, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Circulatory Failure			INTERVAL BETWEEN ONSET AND DEATH days
DUE TO (b) Decompensated Heart Disease			months
DUE TO (c) Arteriosclerosis			years
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
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 _____ 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from Dec. 25, 1962 to Dec. 29, 1962 and last saw her xxx alive on Dec. 26, 1962 Death occurred at 8.45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M.M. Beck</i>		22b. ADDRESS D. O. Bismarck, Mo.	22c. DATE SIGNED 1-2-63
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12/31/1962	23c. NAME OF CEMETERY OR CREMATORY Keith Cemetery	23d. LOCATION (City, town, or county) (State) Goodland, Missouri
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton, Mo.		25. DATE RECD. BY LOCAL REG. January 5, 1963	26. REGISTRAR'S SIGNATURE <i>Mrs. Elizabeth Logan</i>

USE BLACK INK OR TYPEWRITER RIBBON

JAN 1 1963

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 Amel White

Licensed Embalmer No. 3012

P. O. Address Ironton, 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.