

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047704

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 232 Primary Registration District No. 5779 Registrar's No. 56

FILED JAN 15 1963

VS 300
Rev. 4/59

1 0660

2 0660

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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 <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>AURORA-SPRINGS</u> Length of stay in lb <u>28 YRS</u>		c. CITY OR TOWN <u>ELDON</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AURORA-SPRINGS</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>AURORA-SPRINGS</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>OSCAR</u> Last <u>BROWN</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>22</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>17 June-1893</u> 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ROCK-MASON</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>	
13a. FATHER'S NAME <u>COLUMBUS-BROWN</u>		13b. MOTHER'S MAIDEN NAME <u>JULIA-VANUGH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Carcinomatosis</u> DUE TO (b) <u>Bronchogenic</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
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.) <u>NONE</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <u>NONE</u>		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.) <u>NONE</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>NONE</u>	
21. I attended the deceased from <u>Dec 1961</u> to <u>Dec 1962</u> and last saw him alive on <u>Dec 21 1962</u> Death occurred at <u>3:45 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>G. O. Sackett M.D.</u>		22b. ADDRESS <u>ELDON MO</u>	
22c. DATE SIGNED <u>22 Dec 62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>24 Dec 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>DOOLEY</u>	
23d. LOCATION (City, town, or county) <u>Miller Co Mo</u>		23e. STATE <u>Mo</u>	
24. FUNERAL DIRECTOR <u>Keith-M. Kays</u> ADDRESS <u>ELDON-MO</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 24, 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Alvernetta Waltz</u>			

USE BLACK INK OR TYPEWRITER RIBBON

JAN 16 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 Keith M. Kaye

Licensed Embalmer No. 3998

P. O. Address Eldon 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.