MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-049303

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 232

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 1085
2 0201
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4 0
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12 86-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FILED JAN 2 1963

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada
Length of stay in 1b 6 Mo. 5 Days.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fanning Nursing Home 411 S. Ash St
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cedar
c. CITY OR TOWN El Dorado Spgs
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 317 Hightower
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First David Middle H. F. Last Brown
4. DATE OF DEATH Month Dec Day 25 Year 1962
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Jan 2 1870
9. AGE (last birthday) 92
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) Drug Packer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Warsaw, Neb.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME David H Brown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF ~~HUSBAND~~ OR WIFE May Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1898 – 1899
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. Plesie Simmons, El Dorado Spgs.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic + Hypertensive Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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. ☐ 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 July 7 1962, to Dec 25, 1962 and last saw her/him alive on Dec 16 1962
Death occurred at 7:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James J Pascal M.D.
22b. ADDRESS Nevada Mo
22c. DATE SIGNED Dec 27 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal - Burial
23b. DATE Dec 28-1962
23c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery
23d. LOCATION (City, town, or county) Warsaw (State) Mo.

24. FUNERAL DIRECTOR Melvin L Janssens ADDRESS El Dorado Spgs.
25. DATE RECD. BY LOCAL REG. Dec 27-1962
26. REGISTRAR'S SIGNATURE Anna E Jerry

(Licensed Embalmer's Statement on Reverse Side)

JAN 4 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 Melvin L. Janssen

Licensed Embalmer No. 4529

P. O. Address El Dorado Springs.

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.