

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-002547

STATE FILE NUMBER

Registration District No. 210

Primary Registration District No.

Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0650

20400

3

4 1

5 1

6

7 1

8 0

9420.1

10

11

122-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 4 1963

1. PLACE OF DEATH

a. COUNTY

MERCER

b. CITY (If outside corporate limits, give TOWNSHIP only)

PRINCETON

Length of stay in 1b

1 day

c. FULL NAME OF (If NOT in hospital, give location)

COMMUNITY HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MD

b. COUNTY

GRUNDY

c. CITY OR TOWN

SPICKARD

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

AMANDA

MARY

BROWN

4. DATE OF DEATH

Month

Day

Year

JAN

31

1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-24-1886

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARM WIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOPKINTON NEW YORK

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

ALSON ADAMS

13b. MOTHER'S MAIDEN NAME

CHARLOTTE ROBERSON

14. NAME OF HUSBAND OR WIFE

JACOB 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.

493-42-4719

17. INFORMANT

AGNES RILEY SPICKARD 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)

Acute myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

20 hr.

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

DUE TO (b)

Coronary arteriosclerosis

10 yrs.

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.

Month, Day, Year

p.m.

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 January 28, 1961 to January 30, 1963 and last saw her alive on January 30, 1963

Death occurred at 3:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Frank H. Zuhrt

Princeton Mo 2-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

FEB-2-1963

23c. NAME OF CEMETERY OR CREMATORY

BRUMMETT CEMETERY

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

MERCER CO. MO.

24. FUNERAL DIRECTOR

ADDRESS

WISE FUNERAL HOME SPICKARD MO.

25. DATE RECD. BY LOCAL REG.

2-1-63

26. REGISTRAR'S SIGNATURE

Hall

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

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 Ross Wise

Licensed Embalmer No. 2771

P. O. Address Spickard 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.

Permit obtained 2-1-63 m-hm