

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023580

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

62

Primary Registration District No.

5239

Registrar's No.

14

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY Cedar

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Linn Twp.

Length of stay in 1b

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

a. STATE Missouri COUNTY Cedar

c. CITY OR TOWN Stockton

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital; give location)
HOSPITAL OR INSTITUTION 7 Miles S. Stockton

Inside Limits

Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
7 Miles South

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
ROY JAMES BROWN

4. DATE OF DEATH

Month Day Year
June 8, 19635. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
4-25-929. AGE (last birthday)
71IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Farmer10b. KIND OF BUSINESS OR INDUSTRY
Farming11. BIRTHPLACE (City and state or country)
Stockton, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Alfred M. Brown

13b. MOTHER'S MAIDEN NAME

Lula Willett

14. NAME OF HUSBAND OR WIFE

Ruth 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.

492-40-8216

17. INFORMANT

Mrs. Ruth Brown, Stockton, 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)

DUE TO (b)

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

DUE TO (c)

Carcinoma of colon with
metastasesINTERVAL BETWEEN
ONSET AND DEATH

8-16-60

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 ☐ Unknown19. 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, Year20d. 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 8-16-60 to 6-8-63 and last saw her alive on 6-5-63
Death occurred at 8 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wm B Ritter Jr D.

22b. ADDRESS

Stockton Mo.

22c. DATE SIGNED

6-10-63

23a. BURIAL CREMATION-
REMOVAL (Specify)

Burial

23b. DATE

6-10-1963

23c. NAME OF CEMETERY OR CREMATORY

Stockton City Cem.

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

Stockton, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Cantlon, Fun. Home, Stockton, Mo.

25. DATE RECD. BY LOCAL REG.

6-10-1963

26. REGISTRAR'S SIGNATURE

Mrs Geneva Cantlon

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, Md.

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.