

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026893

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 6137 Registrar's No. 200

FILED JUN 20 1963

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Winona		c. CITY OR TOWN Winona	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) Rural Route 1	
3. NAME OF DECEASED (Type or print) First Middle Last Jessie Isabell Brown		4. DATE OF DEATH Month Day Year June 11 1963	
5. SEX F	6. COLOR OR RACE W.	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 11/17/79
9. AGE (last birthday) 83		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Unknown	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James Wm. French		13b. MOTHER'S MAIDEN NAME Margaret C. Knapp	
14. NAME OF HUSBAND OR WIFE Thelma N. Bressler Rt. 1, Winona, Mo.		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 Thelma N. Bressler Rt. 1, Winona, 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) Myocardial failure Arteriosclerosis 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 June 10, 1963 to June 11, 1963 and last saw her alive on June 10, 1963. Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.D. Bauron		22b. ADDRESS Birch Tree Mo	
22c. DATE SIGNED 6-14-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6/14/63		23c. NAME OF CEMETERY OR CREMATORY Muncel Chapel Cem.	
23d. LOCATION (City, town, or county) Eminence, Missouri		24. FUNERAL DIRECTOR Duncan Funeral Home Mtn. View, Mo.	
25. DATE RECD. BY LOCAL REG. 6-18-1963		26. REGISTRAR'S SIGNATURE Gene Clay Dpt.	

To Doctor 4: P.M. 6/12/63

Rec'd from Dr. 1: P.M. 6/17/63

To Local Registrar 1:15 P.M. 6/17/63

Permit obtained

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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,

2-08

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Charles D. Cartain

Licensed Embalmer No.

5107

P. O. Address

W. H. Wain, Ma.

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.