

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029492

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 280 Primary Registration District No. 4427 Registrar's No. 99

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0850

2 0850

3 2

4 0

5 1

6

7 0

8 2

9 4200

10

11

12 1-2

13 10

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 6 1963

a. COUNTY Pulaski

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

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Pulaski County Hosp

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski

c. CITY OR TOWN Waynesville

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
RP. 01 B6x 82

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Jess Edward Brotherton

4. DATE OF DEATH
Month Day Year
July 30 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
March 28 91 72

9. AGE (last birthday)
IF 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)
Construction

10b. KIND OF BUSINESS OR INDUSTRY
Commercial

11. BIRTHPLACE (City and state or country)
Carrilton Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
William Rickerson

13b. MOTHER'S MAIDEN NAME
Ellen Brotherton

14. NAME OF HUSBAND OR WIFE
Bonnie B Brotherton

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.
306 14 4270

17. INFORMANT
Address
Bonnie B Brotherton Waynesville 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 coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

1 hr

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

DUE TO (b)

arteriosclerotic heart disease

Several years

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 1955 to 1963 and last saw him alive on 7-29-63
Death occurred at 8:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
D.O.

22b. ADDRESS
Waynesville, Missouri

22c. DATE SIGNED
7-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
8-2-1963

23c. NAME OF CEMETERY OR CREMATORY
Memorial Cemetery

23d. LOCATION (City, town, or county) (State)
Waynesville Pulaski Mo

24. FUNERAL DIRECTOR
Moss-Williams Waynesville Mo

25. DATE RECD. BY LOCAL REG.
8-2-63

26. REGISTRAR'S SIGNATURE
E. J. Anderson

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

AUG 7 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

Clarence Moss

Licensed Embalmer No.

4896

P. O. Address

Waynesville, 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.