

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031635

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 173

STATE FILE NUMBER

FILED AUG 27 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT
10201		
2 0200		
3		
4 0		
5 1		
6		
7 0		
8 0		
9 9		
10		
11		
12 1-0		
13 1-0		
BY AFFIDAVIT OF	SHOULD READ	ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>El Dorado Springs</u> Length of stay in 1b <u>7 wks 3 days</u>		c. CITY OR TOWN <u>El Dorado Springs</u> Inside Limits ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) <u>Cedar Co. Memorial Hospital</u> Inside Limits ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>Route #1</u> Reside on Farm ☐ No ☐	
3. NAME OF DECEASED (Type or print) <u>Nathaniel CRUCE BROWN</u>		4. DATE OF DEATH <u>Aug 17-1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>Sept 26-1905</u> 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <u>Merchant - Brown's Cigar Store</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fillety, Mo.</u>	
13a. FATHER'S NAME <u>Wm. H. Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Rexter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-14-6032</u>	
17. INFORMANT <u>Mrs Edna Brown, El Dorado Spgs.</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Brown</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolus</u> DUE TO (b) <u>Post operative fracture of the femur</u> 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 <u>November 1955</u> to <u>8/17/63</u> and last saw him alive on <u>8/17/63</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert L. Mager M.D.</u>		22b. ADDRESS <u>El Dorado Springs, Mo.</u> 22c. DATE SIGNED <u>8/19/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 20-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> 23d. LOCATION (City, town, or county) (State) <u>El Dorado Springs, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Melvin L. JANSSENS, El Dorado Spgs.</u>		25. DAY RECD. BY LOCAL REG. <u>8-20-63</u> 26. REGISTRAR'S SIGNATURE <u>Joe E. Aluchamp</u>	

SEP 6 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, Ark.

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 8-30-63