

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034866

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 137

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Greene</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Nevada</u> OR TOWN		c. CITY OR TOWN <u>Springfield</u> Length of stay in 1b <u>15 Years</u>	
c. FULL NAME OF (if NOT in hospital, give location) <u>Nevada State Hospital</u> HOSPITAL OR INSTITUTION		d. STREET ADDRESS (if outside, give location) <u>825 E. Pacific</u> RESIDE ON FARM Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ina Mabel Brown</u>			4. DATE OF DEATH Month Day Year <u>Aug. 3 1963</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIAGE <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-3-08</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Harold Mo.</u>	9. AGE (last birthday) <u>55</u>
13a. FATHER'S NAME <u>Peter Jordan</u>		13b. MOTHER'S MAIDEN NAME <u>Hazel Killingsworth</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>[Redacted]</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21. I attended the deceased from <u>Viewed Remains</u> to _____ and last saw her/him alive on _____ Death occurred at <u>5:00</u> A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>George Esker M.D.</u>		22b. ADDRESS <u>Nevada, Missouri</u>	
22c. DATE SIGNED <u>8/3/1963</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/6/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Robberson Prairie</u>	23d. LOCATION (City, town, or county) (State) <u>n. w. of Springfield, Mo.</u>
24. FUNERAL DIRECTOR <u>Chapel of the Ozarks Inc</u>		25. DATE RECD. BY LOCAL REG. <u>8-12-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Anna & Jerry</u>			

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Lawrence P. Lebin*

Licensed Embalmer No. 5159

P. O. Address Springfield, 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.

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