

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21391**  
Registrar's No. **159**

FILED JUL 13 1953  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5511**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>HENRY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FIELDS CREEK TWP</b>		c. LENGTH OF STAY (in this place) <b>37 YRS</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FIELDS CREEK TWP</b>		d. STREET ADDRESS (If rural, give location) <b>ROUTE 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HIS HOME - #41</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ASA</b> b. (Middle) <b>CASEY</b> c. (Last) <b>BROWN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 5, 1953</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>FEB. 24, 1879</b>	9. AGE (in years last birthday) <b>74</b>	10. MONTHS <b>7</b> 11. DAYS <b>11</b> 12. HOURS <b>11</b> 13. MIN. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER &amp; MEAT CUTTER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>HENRY CO., MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>BENJAMIN B. BROWN</b>		13b. MOTHER'S MAIDEN NAME <b>MARY E COVINGTON</b>	
14. NAME OF HUSBAND OR WIFE <b>Effie M. Brown</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Effie M. Brown, #41 Clinton</b>		17. ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Chronic myocardial degenerative</b>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocardial degenerative</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchitis</b>				<b>5 years</b>	

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>4222</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from **1949**, to **July 5, 1953** that I last saw the deceased alive on **May 29, 1953**, and that death occurred at **3:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>S. B. Hughes</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Clinton, Mo.</b>		23c. DATE SIGNED <b>7/6/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JULY 7, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>PAUL CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>CLINTON, MO. #41</b>		DATE REC'D BY LOCAL REG. <b>July 7-53</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b> 422	
FUNERAL DIRECTOR'S SIGNATURE <b>H. A. Vassault</b>		ADDRESS <b>Clinton, Mo.</b>			

**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 .....  
Student Embalmer

Signed N. A. Hansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.