

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38861

FILED DEC 7 1953

State File No.

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 250

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Clinton Mo 2423</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>West Green</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLINTON GENERAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>WALLACE</u> c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 29 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	
8. DATE OF BIRTH <u>8/1/1882</u>		9. AGE (In years last birthday) <u>71</u>		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

12a. FATHER'S NAME <u>John Henry Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Isabelle Bay</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Brown</u> ADDRESS <u>Broomington</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u>			DUE TO (b) <u>Respiratory infection</u>			3 da		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c)			2 wks		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		5272	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 11-12, 1953, to 11-29, 1953, that I last saw the deceased alive on 11-29, 1953, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ross Walker, M.D.</u>		23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>11-30-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/1/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>South of Coal Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Dec-1-53</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.E. Conover</u> ADDRESS <u>Clinton Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 J. E. Consalvo
Licensed Embalmer No. 1891

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.