

STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 21 1955

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 42

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| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> | | c. CITY OR TOWN <u>Clinton</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>707 N Main St 1</u> | | e. STREET ADDRESS (If rural, give location) <u>707 N Main St 0428</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Phillip</u> c. (Last) <u>Brown</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-13-1955</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>8-5-1885</u> | 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR Months Days | IF UNDER 4 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoemaker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) <u>9 U.S.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

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| 13a. FATHER'S NAME <u>Charles Brown</u> | 13b. MOTHER'S MAIDEN NAME <u>not known</u> | 14. NAME OF HUSBAND OR WIFE <u>Julia Brown</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>James Brown</u> | ADDRESS <u>Clinton Mo</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Cerebral embolus</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> | | <u>1 yr.</u> |
| | DUE TO (c) _____ | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>392 X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from 5 Feb., 1955, to 13 Feb., 1955, that I last saw the deceased alive on 12 Feb., 1955, and that death occurred at 7:30 A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u> | 23b. ADDRESS <u>Clinton, Mo</u> | 23c. DATE SIGNED <u>2-17-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2-16-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Clinton Colored cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u> |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Feb-16-55 Florence Adair</u> | 422 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubman & Hummer</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.....
Signature of Student Embalmer

Signed..... *Robert J. Dunning*

Licensed Embalmer No..... *47*

P. O. Address..... *Clinton*

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.