

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21928

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5515 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY Henry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Henry

b. CITY (If outside corporate limits, write RURAL and give town or township) Rural-Shawnee c. LENGTH OF STAY (in this place) 3 wks

c. CITY OR TOWN Rural-Shawnee d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Chilhowee RR#1

STREET ADDRESS (If rural, give location) Chilhowee RR#1 0420

3. NAME OF DECEASED (Type or Print) a. (First) Galin b. (Middle) Kenneth c. (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year) July 17 1955

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Feb. 26, 1945

9. AGE (In years last birthday) 10 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and State or Foreign Country) Lepanto, Arkansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Herbert Brown

13b. MOTHER'S MAIDEN NAME Dorothy Preddy

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herbert Brown Chilhowee RR#1, Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowned

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.

INTERVAL BETWEEN ONSET AND DEATH

9291

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 42

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Pickering Farm

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Shawnee Mound 042 (Henry) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-17-55 1 p.m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? drowned

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 7-17-55, P.O.A. and that death occurred at 1 p.m., from the causes and on the date stated above.

23a. SIGNATURE Wm. C. Sunders P.O. Coroner

23b. ADDRESS Clinton, Mo.

23c. DATE SIGNED 7-18-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 20, 55 24c. NAME OF CEMETERY OR CREMATORY Shawnee Mound Cem.

24d. LOCATION (City, town, or county) (State) Shawnee Mound, Missouri

DATE REC'D BY LOCAL REG. 7-18-55

REGISTRAR'S SIGNATURE Florence Adair 422

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. E. Conner Clinton, Missouri

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 *Eugene P. Convalin*

Licensed Embalmer No. *46*

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.