

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29579**

0422
D

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. LENGTH OF STAY (If this place) <u>3 hours</u>	c. CITY OR TOWN <u>Jonia</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>R.F.D.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GLENN</u> b. (Middle) <u>B.</u> c. (Last) <u>BROWN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9, 1955</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 28, 1889</u>
9. AGE (In years) (Last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming & Mechanic</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Windsor, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>James N. Brown</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche Perry Brown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. <u>496 16 7841</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Glenn B. Brown</u>		ADDRESS <u>Jonia, Mo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) _____ 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"/>		4201	
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) _____		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 <u>Aug 19, 1955</u> , to <u>Sept. 9, 1955</u> , that I last saw the deceased alive on <u>Sept 9, 1955</u> , and that death occurred at <u>4:09 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Claude M. Shurber, M.D.</u>		23b. ADDRESS <u>Windsor, Mo.</u>	
23c. DATE SIGNED <u>9-9-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-11-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>	
24d. LOCATION (City, town, or county) (State) <u>Windsor, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u>	
DATE REC'D BY LOCAL REG. <u>9-11-55</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>	
ADDRESS _____		ADDRESS <u>Windsor, Mo.</u>	

WRITE PLAINLY—USING UNFADEING 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 *William M. Turner*.....

Licensed Embalmer No. *464*.....

P. O. Address *Windsor*.....

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.